

Oral Hygiene

VOL. 31, NO. 6

JUNE, 1941

Dentist Escapes Nazi Invasion735

Albert C. Huber

Doctor Baude is one of the few French officers to find haven in America. "Some of the French soldiers," he reports, "were toothless and many had mastication powers of less than 40 per cent."

Calamity Jane's Dentist740

Herman Gastrell Seely

Salty characters of the Old West made life exciting for Doctor William Frackelton. His patients back in 1893 included Calamity Jane, Frank Grouard, and Buffalo Bill Cody.

I Would Want My Daughter to be a Dental Hygienist.....744

Juanita Stocks

A comprehensive rebuttal to Evelyn Folkers' article "My Daughter Will Never Be a Dental Hygienist" which appeared last October.

Dentists Train Athletes at Annapolis.....748

Naomi Smith

This on-the-spot story tells how dentists, who are also well-trained athletes, aid in the toughening up process for Navy men at Annapolis.

Are You Interested in More Patients?.....752

Herbert G. Frankel, D.D.S.

"We talk too much about health and not enough about vanity," Doctor Frankel says. "Our big job is to raise the one cent per capita to five cents per capita for dentistry."

Doctor Lowery of the Research Commission756

DEPARTMENTS: Ask Oral Hygiene765

Military News757 Technique of the Month.....770

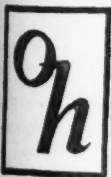
Editorial Comment760 Laffodontia772

Dentists in the News762 The Publisher's Corner714

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DENTIST ESCAPES NAZI INVASION

by *Albert C. Huber*

IT MIGHT BE WELL for Americans to consider the dental standards of the armies of France in relation to their defeat. For if the experiences of Doctor Andre Baude, a French army captain, physician and dentist, may be used as a barometer, there was a strong parallel between the inefficiency of the French army, when it was given the blitzkrieg test last May, and the condition of the mouths of the soldiers of France.

Doctor Baude is one of the few French officers to find a haven in America. Now he is living at Independence, Kansas, with his American wife and their small son, and yet it was less than a year ago that he and his dental comrades scoffed at the "funny German Army," as they performed the perfunctory task of

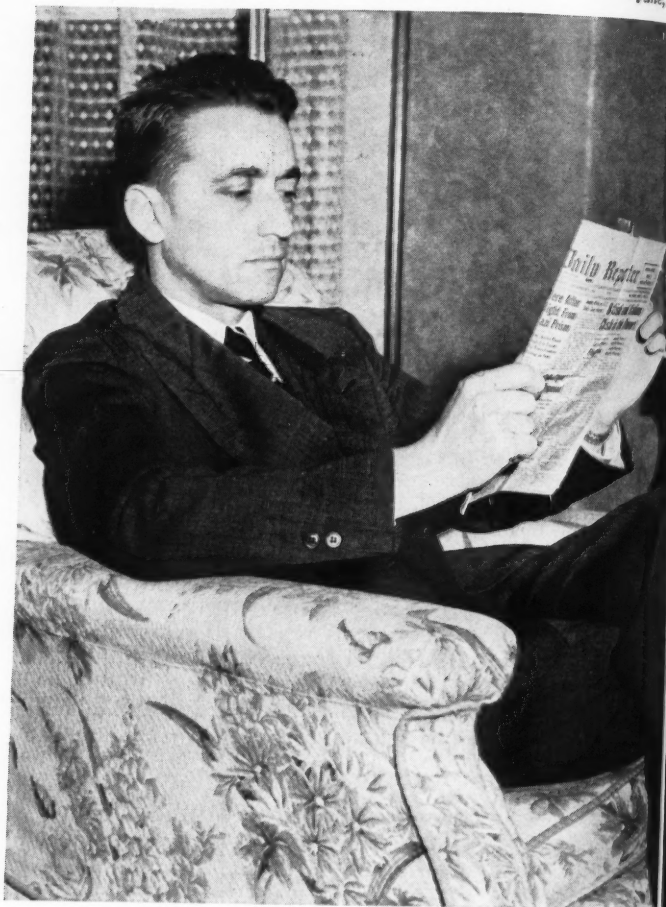
increasing the masticating power of the French soldiers.

"Some of the French soldiers were toothless," Doctor Baude said, "and many had mastication powers of less than 40 per cent; these being entitled to dentures at the expense of the army. There were no regular army dentists before France and Germany declared war, only reserve dental officers, and during peacetime the oral hygiene of the army was entrusted to reg-

ular army physicians or to young dentists drafted for their regular period of conscription.

"When war was declared," Doctor Baude continued, "two dentists were assigned to each regiment of infantry, but there were no dentists for the engineers or artillery regi-

Indicating a significant parallel between the inefficiency of the French army and the condition of the mouths of the soldiers, Doctor Baude reports that "Some of the French soldiers were toothless, and many had mastication powers of less than 40 per cent."



Doctor Andre Baude, French army captain, dentist and physician, outwitted his Nazi captors and reached U. S. safely

ments; these being taken care of by the closest infantry dental offices. The mobile dental cars used during the previous war were being considered but *had not been ordered*," Doctor Baude said, "when the blitzkrieg started."

"The condition of the teeth of the French soldiers was not, on the whole, very good, because the peasants of France were in the majority," Doctor Baude explained. "It was indeed rare for a peasant to come to my office at Chateau Thier-

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ry just to have his teeth examined. They came when they had a toothache or wanted dentures."

A graduate of the Faculte de Medecin of Paris, where he took his M.D. degree, and of the Ecole Dentaire, where he specialized in dentistry, Doctor Baude was practicing peacefully, when in September, 1939, he was mobilized.

At the start of the war with Germany, he was sent to a front line village between the Maginot and Siegfried lines in command of a French ambulance unit of 234 men and enrolled with supervisory powers over the existing dental units, which he now admits were as inefficient as many other departments of the army.

Giving graphic illustrations of the efficacy of Nazi fifth column activities, Doctor Baude tells how, when the German invasion started May tenth, the French army lost contact with headquarters. There was mad confusion, the men losing confidence in their superiors, shifting for themselves. Two comrades, assigned to bomb a bridge, Doctor Baude recalled, were found stabbed to death. Carloads of shells labeled for 3-inch guns were opened to disclose that only 6-inch shells had been forwarded.

"Many French pillboxes behind the original points of contact with the enemy, counted upon in case of enforced retreat, were found to be locked and the keys lost," Doctor Baude says. "In other French pillboxes Germans suddenly popped up to man the guns."

"Orders were given to retreat to

certain villages," he recounted. "Upon arrival, our slow-moving troops would encounter hostile gunfire. Under such circumstances, I found I was following the disorganized army to Dunkerque."

"For miles I actually 'marched' on my belly, for the dive bombers were flying so close to the ground you could see the pilot. It was a terrifying experience. You have the feeling while the plane is in the dive that it has singled you out personally. The only time during the war I was frightened was in such a raid. My hands were shaking as if I had the palsy, when I arose to my feet after it was over."

Esthete that he is, Doctor Baude recalls most vividly the beauty of the morning scene when he reached Dunkerque. There was sunshine and a blue sky and the entire home fleet of Great Britain, including motor launches, destroyers and battleships, awaited in the harbor to undertake one of the greatest evacuations in history. Tons of bombs exploded upon the ground, and bursting shells and Stukas played tag in the air. The normally blue waters off the Normandy coast were red with the reflection of explosions, and falling bombs and depth charges sent up geysers of water.

A raft ferried Doctor Baude to a 400-ton British gunboat. And though the boat was a target of German shells the commanding officer gave a demonstration of the indomitable British courage by asking Doctor Baude to "please" go to his cabin. Shortly a steward

brought tea and, later still, Scotch and soda.

England gave the beaten army a triumphant reception at Dover. Doctor Baude and ten men of his command, all that were accounted for of his original command of 234, were sent to Plymouth and then taken back to France on French cruisers to be landed at Cherbourg and inadequately rearmed.

Again he was sent to the front and, June nineteenth, found himself behind the fast moving German lines. For the most part the Nazis made no attempt to capture French soldiers, Doctor Baude says, for they had no way to handle such large numbers of prisoners. Thus the French troops often actually stood by and watched the panzer divisions roll over their thoroughfares.

Captured by Nazis

But because he was an officer, the captain was taken prisoner. The Germans were courteous. They offered him cigarettes, he said, under instructions from the German high command. Then they would say, "It is too bad the British brought this upon you. But it's all right. We'll get revenge for you."

Doctor Baude escaped because his captors did not watch him closely, but on June twenty-first, he was recaptured and held two months.

He was confined in the French citadel near the place of his birth, in the Dunkerque region, where for a few weeks 500 officers were interned. (And incidentally, Doctor Baude has noted that in this region, and, particularly the regions of

Britanny and Normandy, where alcoholism had reached the proportions of an affliction, the teeth of the people and the soldiers were poorest.)

"The Germans had machine guns all around the citadel, and at intervals a few rounds would be fired just to discourage thoughts of escape," he said.

The physicians in the camp presented a request to their captors that they be allowed to leave the citadel and administer to the needs of surrounding villages. Six French doctors were permitted to serve in this manner and Doctor Baude's name was one of those drawn by lot.

In one village Doctor Baude encountered a woman in a nurse's uniform who asked him about her husband whose regiment had been stationed near Doctor Baude's at the beginning of the war.

"She was about to become a mother," Doctor Baude said, "and was almost in despair because of separation from her husband and home."

She knew her husband was in free France, so Doctor Baude wrote a certificate of her condition, which she presented to the German authorities. They granted her permission to return to her home. She suggested that the Captain go with her, and though he had no papers, he risked it.

Getting by the sentries was a problem but perhaps the closest call came when they were nearing the border of unoccupied France. The nurse showed her papers, and then the sentries asked for the captain's.

June, 1941

"You have Hauptmann?"

"Oh, yes!" the German. He reached his pocket, but, papers. At this he came to his rescue in the confusion administering the papers were

Reaches United States

Late last year Doctor Baude was successful in demobilization. Then he was flown from the Mediterranean to New York, made his way to Morocco, being the fact that he was an officer, lest he be sent to the States in December.

For purpose of the parisons Doctor Baude a number of decisions since arriving in the conclusion that he was superior.

"The French government was virtually an American standstill though the equilibrium of our schools is still in this is true of the national institutions tuition was more French attach

IF YOU ARE NOW in service, remember you go. To giving specific been inducted,

"You have some, too, Herr Hauptmann?" (Mr. Captain).

"Oh, yes!" the captain replied in German. He reached slowly back to his pocket, but, of course, he had no papers. At this crisis his companion came to his rescue and fainted, and in the confusion of reviving her and administering hot tea and brandy, the papers were forgotten.

Reaches United States

Late last November, Doctor Baude was successful in obtaining demobilization papers at Nice. Then he was flown across the Mediterranean to Northern Africa, and made his way through Spanish Morocco, being careful to conceal the fact that he had been a French officer, lest he suffer further internment. He arrived in the United States in December.

For purposes of making comparisons Doctor Baude has visited a number of dental schools and offices since arriving here, and it is his conclusion that our equipment is superior.

"The French standard of dentistry was virtually the same as the American standard," he says, "although the equipment of most of our schools is somewhat shabbier. This is true of almost every educational institution in France, as our tuition was much less, and we French attach less importance to

the tools used for educational purposes than do Americans. I think the results, in training standards, are equal; the only difference being that in America the students work more easily and under pleasanter conditions."

"The French dental supplies were good," Doctor Baude said, "but the American dental supplies are undoubtedly better. I used American supplies exclusively even though, being imported, they were more expensive. The Germans had done creditably in recent years in the standard of their dental supplies, which were marketed in France, but still they did not equal the American standard."

"The oral hygiene of the French people is not up to the American standard," he says, "that is, if every class of the entire population is considered. The well-to-do and well-educated have more or less the same standard throughout the world."

Although demobilized, Doctor Baude is subject to call for further military duty by the government of France. But this is unlikely, for he believes it will be a long, long time before his countrymen again will be able to place a modern army in the field.

*Kansas City Star
Kansas City, Missouri.*

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IF YOU ARE now serving with our defense forces or expect to be inducted into service, remember that we want ORAL HYGIENE to follow you wherever you go. To be sure you won't miss an issue, send us your new address, giving specific details about the part of the service into which you have been inducted, and we'll see that you receive the magazine regularly.

CALAMITY JANE'S DENTIST*

by Herman Gastrell Seely

Salty characters of the Old West made life exciting for this pioneer dentist, who first appeared on the dust-covered main street of Sheridan, Wyoming, in 1893. In one of the dozen, cheap frame buildings of the business section, he began his practice. Now he looks back on nearly fifty years of dental life in the West.

THAT SAME DOCTOR William Frackelton, whose photograph appeared in March ORAL HYGIENE, came to Sheridan, Wyoming, late in 1893. Thus forty-eight of his fifty years as a practicing dentist have been spent in the West that he now knows so well.

At the time of Doctor Frackelton's arrival, after a brief interlude in Sundance that included a fist fight with the town banker, Sheridan was in the throes of a transformation from a rather isolated cow town to a bustling railroad metropolis. The old Burlington & Missouri right-of-way had just been pushed into Northwestern Wyoming and the wooden side-

*By arrangement with A. C. McClurg & Co., publishers of "Sagebrush Dentist," as told by Will Frackelton to Herman Gastrell Seely.



Calamity Jane, General Crook's scout, as she appeared in 1895.

walks of the community were filled with pedestrians that ranged from blanketed Indians to railroad engineers and tiehackers, old army scouts, and cowboys in from neighboring ranches for a little relaxation.

"Newcomers," said Will to me on one of our jaunts together, "were welcomed in those days to build up the town. Nobody asked

June, 1941

where you came from. Your intention was regarded as good otherwise."

Although he was in Sheridan at a practice was of a young man but college, and Will's office occupied by a man named Kelly was rented from town barber.

In that chair, in other offices over years, sat an arrangement included Calamity Grouard, the Indian Bill Cody, and non-existent arrangements women who helped coming from the Indian secure for the cattlemen settlers who followed.

"But, except for perhaps, Grouard famous at the time." "The advance of wiped out their hood and most of a pretty tough."

In this class Burke, now known boy for her explanation of the smallpox in Deadwood, South Dakota. The vocabulary was a been in her so. Sheridan was the way she had ing Prince Albert. The mannered editor of the daily newspaper Doctor Frackelton opened.

where you came from or why you came. Your intentions were always regarded as good until proved otherwise."

Although he was the only dentist in Sheridan at the time, starting a practice was quite a venture for a young man but two years out of college, and Will shared half of the office occupied by a pioneer physician named Kelly. His dental chair was rented from Fritz Friebe, the town barber.

In that chair, and its successors in other offices over the next twenty years, sat an array of patients that included Calamity Jane; Frank Grouard, the Indian scout; Buffalo Bill Cody, and others of the now non-existent army of men and women who helped to win Wyoming from the Indians and make it secure for the cattle barons and the settlers who followed.

"But, except for Buffalo Bill and, perhaps, Grouard, they were not famous at the time," said Will. The advance of civilization had wiped out their means of livelihood and most of them were having a pretty tough time of it."

In this class was Calamity Jane Burke, now known to every schoolboy for her exploits as a nurse during the smallpox epidemic of 1877 at Deadwood, S. D. Calamity's vocabulary was as fluent as it had been in her scouting days, and Sheridan was still gossiping about the way she had used it in rebuking Prince Albert Gatchell, mild-mannered editor of the town's only newspaper, when the door of Doctor Frackelton's dental office opened.

In came Calamity, easily identified by her pockmarked face. Will braced himself for a flood of invective of the sort vented on the hapless editor, but as a dental patient she proved quite refined.

Would Doctor Frackelton look her teeth over?

Doctor Frackelton would and did. A number of cavities needed restorations, which required several visits. As these sessions progressed, dentist and patient became more at ease, and Calamity talked a bit of her more recent wanderings.

"She was making a living, traveling with her pack outfit from place to place, selling little pamphlet autobiographies," said Will to me. "She had a disconcertingly direct gaze and profanity came as naturally as the other words in her vocabulary. She had headed toward Sheridan, because she wanted to look over the scenes of her old exploits as a scout with General Crook. The memories seemed to leave her unhappy and restless nevertheless."

Starts Dental Circuit

When the Burlington & Missouri construction work was finished, Sheridan felt the lack of a railroad payroll and dental practice fell off along with the commercial activities of the town. After one worried winter, Doctor Frackelton hit upon the expedient of a dental circuit that placed the towns and big ranches near Sheridan on a regular calling list. Between trips, he remained at the home office.

At the South end of the circuit

was Buffalo, where the bridal chamber of the famous old Occident Hotel served as dental headquarters. East of Sheridan, Doctor Frackelton's journeys took him to the ranch trading center of Clearmont and the railroad town of Gillette. Northwest of Sheridan, on the storied Bozeman trail, was boisterous Dayton, terminus of the McShane flume, and shipping point for most of the railroad ties used on the Burlington & Missouri right of way. The permanent residents of Dayton were anything but angels, but life really livened up a bit when the tiehackers came down from the mountains after the run of logs down the flume and began to spend their money.

"In nearly every case," observed Will, "the town gamblers saw to it the cards spelled another season of work up in the mountains."

The equipment taken on the circuit trips was of necessity primitive in the extreme. Any kitchen or hotel chair served for the patient and, after the first trip out, Doctor Frackelton hit upon the device of taking along the removable headrest that was a part of Fritz Friebe's barber chair. This he wired into place at the proper height for each patient, before beginning operations.

Although the worst cases were caused by a kick from a horse or some similar catastrophe, the bulk of the dental service of those early Wyoming days was the same as now—restorations and extractions.

Gold fillings were a craze, stage lines operated on uncertain schedules, and express shipments by rail

were irregular. Thus conditions forced the carrying of a fairly heavy stock of materials and the use of coins for gold crowns and bridgework.

Many a five or ten-dollar gold piece was hammered into the desired shape and thickness on a ranch anvil, just because a cowpuncher wanted to be in style. Coins minted in California were the best for the purpose, because the metal from that state held its color well. Black Hills gold coins always showed the copper and stained badly in a tobacco chewer's mouth.

Such things as X-rays, oral specialists, and clinicians were unknown, and the pioneer dentist had to trust to God in a serious accident, go to work, and do his best. Then the patient was turned over to Ma, whose wholesome, old-fashioned cooking usually brought him back to normal in a few weeks.

Illustrative of the emergencies of those days, a young woman was brought into Doctor Frackelton's office in Sheridan with nine of her front teeth either knocked out or loose. A kick from a horse had caused the accident, and her companion brought with him the missing teeth, wrapped in a pocket handkerchief.

The patient's mouth was sterilized as thoroughly as possible and the teeth were cleaned. They were then wired to the only thing available at the moment—a spectacle bow—and put back in position.

Twenty years later the patient called on Doctor Frackelton. Although slightly discolored, the

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teeth were still functioning.

Hardest of those early patients, however, were the hackers from the railroad tie camp above Dayton who, as long as they remained in the mountains, were kept in the pink of condition by hard work, plain food, decent hours, and no whiskey. They took the punishment of a dentist's chair like stoics.

One young Norwegian, homeward bound to Minnesota, lumbered into the Sheridan office to explain that he had to catch the evening train. Could Doctor Frackelton take care of him and finish the "yob" in time.

No Tenderfoot

There were nine cavities. The hacker had the money and was insistent on speed, so the teeth were drilled out and prepared before restorations were inserted. He never even winced during the process.

Doctor Frackelton's dental career in Wyoming had been interrupted only by one brief winter in Alaska during the Klondike gold rush. It was a winter that seemed like a lifetime, and he is more than willing to admit the sight of the streets of Sheridan was a most welcome one when he and his wife returned.

No professional man can live in a western community for so many years without taking part in its civic activities. Thus it happens that, outside his dental activities, Will Frackelton has been an Indian wrangler for the Sheridan shows that preceded the modern rodeos, has been admitted as a member of the Crow tribe, and has directed the taking of a motion picture, with an all-Indian cast, in the days before the talkies.

Of some of these incidents of his career as a pioneer Wyoming dentist I had heard indirectly, but it took several vacations spent with him in Sheridan and the nearby Big Horn mountains to realize their real extent and flavor.

One sunny early September afternoon as I sat talking with this rather extraordinary brother-in-law in his dental office, I said:

"Will, all this ought to be in a book."

"But these are just stories I tell my patients while they're in the chair. I'm not a writing man."

"Well," I replied, "You tell 'em and I'll write 'em."

That was the genesis of SAGEBRUSH DENTIST, published this spring.

700 Kent Road
Kenilworth, Illinois

ATTENTION, DENTISTS IN HAWAII

THE DENTAL DIGEST does not have a special subscription representative in Hawaii. Several reports have reached us that a subscription salesman has taken orders obtained under false pretensions. If you are approached by any representative, other than the dental dealers, report the matter to the local police.



I Would Want My Daughter to be a Dental Hygienist

by Juanita Stocks

THE TRUTH, EVEN THE whole truth, usually does not stir up a resentment comparable to that which arises from insinuations, loose talking, and destructive criticism. A story half-told needs an ending. The article, *MY DAUGHTER WILL NEVER BE A DENTAL HYGIENIST*, by Evelyn Folkers¹, was apparently a sincere attempt to evoke legislation for dental hygiene in one of the fourteen states having no licensing laws for

this profession. I am writing this refutation in courtesy to the author, yet in defense of the status of the profession and of the universities producing the dental hygienists of America.

"There is definitely need for licensing acts in all forty-eight states (for dental hygienists)," says Miss Stocks, "but the people to approach are the dentists and not our training institutions."

We, as dental hygienists, are struggling for the advancement of our profession. Experience has made us aware of certain pertinent facts. In fourteen scattered states we are fighting. Fighting prejudice. Fighting ignorance. Fighting for recognition and re-

¹Folkers, Evelyn: *My Daughter Will Never be a Dental Hygienist*, *ORAL HYGIENE* 30: 1203 (October) 1940.

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spect as a "specialty within a specialty." Many of our members are dissatisfied with our standing. There are those who have lost faith. Those who are discouraged. And those who are beaten. These, fortunately, are in the minority. Most of the women in this vocation are well-satisfied in their work and its remuneration and in their affiliation with their guardian profession of dentistry.

It is to be remembered that the worth of anything cannot be measured in terms of the few. Can 51,000 dentists be wrong? In 1939, thirty-one states, having a dental population of this number, with an American Dental Association membership of 27,447, had approved the dental hygienist. If Mrs. Folkers' article had not been extreme and sensational, it would never have made such excellent reading. We must not, however, allow a judgment to rest on the opinionated script of a dental hygienist who obviously had more than the average share of "bad breaks." The wailings of one career woman are insufficient hue and cry to merit such an attack upon the honor and integrity of the university that graduated her.

I would want my daughter to be a dental hygienist! However, it shall be left to her to decide. I hope she will have foresight sufficient to investigate thoroughly this new profession for women and many other occupations before she makes her decision.

The author says, "No daughter of mine is going to put a couple of thousand dollars into a profession-

al education, and graduate to work for the same wages paid to a ten-cent-store employee." Two thousand dollars for a professional education is a lucky minimum when we make comparisons. What other professional woman has paid less for her knowledge? The school teacher spends four years and more than that amount of money before graduating. The registered nurse must spend at least three years to receive her certificate. The educations of the woman physician, the woman dentist, and the woman lawyer are entirely unattainable for the sum of two thousand dollars.

Mrs. Folkers' own data, as reported in a survey made by the American Dental Hygienists' Association in 1937-38-39, defeats her statement. The lowest salaried group of hygienists in the entire nation receives from \$12.00 to \$30.00 per week. The highest group ranges from \$30.00 to \$50.00 per week. This reveals that the average of the lowest salaried area is \$21.00 and the average of the higher-salaried area is \$40.00. It is also proved that, even in states without laws for licensure, it is possible for a hygienist to average \$30.00 per week. Does the salary of any dime-store employee parallel this? It is unfortunate for one to choose to remain in a state in the low salary area, for in thirty-four other states there lies an opportunity for any dental hygienist *to do better*.

"I was faced with the alternative—securing a position in a state having legislation for hygienists. Of course, this would entail taking a state board examination, coupled

with the cost of application and room and board expenses while taking the examination, which I could ill afford," our writer continues. Is this an alternative? Does not every practicing dentist, physician, registered nurse, and hygienist have to stand these expenses? It is a requirement in every state, anywhere, that we first graduate and then take our state board examination to prove we are capable of rendering our services. What else was to be expected upon this particular graduation? We may be positive that every prospective student is informed of this. It is not to be considered as a second choice. *It is the law! There are no exceptions.*

There is no conceivable basis for the query as to how one was to know all this with university bulletins portraying rosy futures and concealing facts. Evelyn Folkers has described herself and others as victims of universities standing within states having no legislation, or returning graduates to states having no legislation. I received my certificate from the same school that she did. This woman was graduated from an excellent and accredited school of dental hygiene in 1928. In the bulletin from this college for the academic year 1927-28, the states licensing dental hygiene were plainly and definitely specified. These states have been listed in every bulletin from the school since the introduction of the course in 1923 until 1930. This was convenient for those who were not sufficiently interested to investigate the laws and status of this profession in

their own state. Since 1930, the bulletin has stated, "The legal requirements for license vary in different states, and it is recommended that the prospective student inform herself of the requirements of her state before registering." It does not follow that because she did not familiarize herself with the opportunities of this work before entering it, she should so destructively criticize a college for failing to single her out of hundreds of students and inquire whether she had read her bulletin carefully and, nevertheless, had decided to enroll.

Lack of Forethought

The author's lack of forethought and preparedness is no logical reason for her criticisms. The aim of the school of dental hygiene as stated is "to educate young women to teach mouth hygiene in schools, state institutions, and industrial establishments; also to serve in private dental offices in those states which grant licenses. Their work consists of personal and classroom instruction, training of children in the care of their mouths, and prophylactic treatments. There appears to be no legal barrier to the work of the dental hygienist in public schools in those states which have not enacted laws for licensure, except that they cannot give prophylactic treatments."

From her article the predicament of the author seemed lamentable. Yet, it is seen that there are opportunities in her home state; opportunities in public school service that require neither the standing of a state board examination nor any of

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June, 1941

the accompanying expenses. It is not necessary that the author remain in her present position.

The trend of thought in Mrs. Folkers' article was unfortunate. It is to be seen that she was trying to stir up someone to do something about the dental hygienist law in her state. I feel, however, that she was wrong in denouncing her profession and in placing all the blame for her situation on the educational institutions. The universities that teach dental hygiene can do little to exert pressure for such a law.

The profession of dental hygiene has come into existence, because dentists realized the value of the service that could be given by qualified workers. Laws have been passed in thirty-four of our forty-eight states within the last quarter century at the insistence of practicing dentists, who wanted to avail themselves of the help of hygienists. It seems to me, therefore, that if we are to pass a law for hygienists in the remaining fourteen states, it

must come as a result of a demand from practicing dentists. There is definitely a need for licensing acts in all forty-eight states, but the influential people to approach are the dentists and not our training institutions.

Furthermore, it seems reasonable that the real need is for a positive, well-planned program of education to inform the dentists in these fourteen states of the value of the dental hygienist. This will accomplish more than a vitriolic attack upon the hygienists' profession and the training institutions. We need to wipe out prejudice, not increase it. We need to strengthen faith, not destroy it. By constant effort we must increase the good will and understanding of these dentists. Through their organized societies they have the power to encourage or retard legislative action. It is to them that we must look for the answer to our problem.

8037 North East Second Avenue
Miami, Florida

DENTISTS WARNED AGAINST DRAFT DODGERS

A WARNING TO DENTISTS that it is unlawful for them to extract teeth without cause and that they are "liable to prosecution by the Federal Government for interference with the Selective Service Act" if they do so, was issued by Doctor J. S. Oartel, head of the Odontological Society of Western Pennsylvania. Accompanying the warning was a reminder to registrants that any attempt to evade the draft by having their teeth removed would mean immediate induction into the Army. "Teeth of men of draft age must not be extracted when it will render them unfit for military service, unless X-rays prove the necessity of extraction and if they cannot be restored to use," Doctor Oartel said. "Any man of draft age presenting themselves for unnecessary extractions should be reported and a record of the man's mouth given to the local draft board."



Dentists Train Athletes at Annapolis

by Naomi Smith



This on-the-spot story tells how dentists, who are also well-trained athletes, aid in the toughening up process for Navy men at Annapolis.

DURING THESE CHAOTIC times, when all the world seems either to be fighting or building up to a fighting pitch, eyes are focused on our expanding United States Navy, and its strength has become a matter of vital importance to every one of us. Newspapers and magazines are full of information concerning the merits of the new ships, airplanes, and bases, but it is also recognized that the men behind the guns must be of the finest stuff obtainable, and strong enough to hold up under almost intolerable stress. The Dental Department of the United States Navy plays a major role in the all-important business of keeping these men fit, and building up their endurance to the point where they can carry on effectively for long periods without rest or sleep. Not only do the dental offi-

cers render the best possible treatment in their chosen profession, but they also take an active interest in the general toughening up process which the Navy is instituting at the present time.

The remarkable stamina of foreign fighting personnel, as evidenced by the present conflict in Europe, bears out the fact that physical fitness plays a larger part in military efficiency than has hitherto been realized. Recently an order was sent out to all the Navy which reads in part: "Modern war requires the acme of physical fitness and fighting edge. Nothing shall be left undone to insure that all officers and men of our Navy are properly conditioned to meet the utmost demands of physical endurance . . . All commands afloat and ashore will immediately institute adequate and systematic exercises to bring personnel to peak of physical fitness. Such measures will contribute to the continuance of the present high morale of the Navy." In keeping with this message, the Navy dental officers are doing their bit toward consummation of the order, and lending their enthusiastic cooperation and leadership in athletic activities.

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At the United States Naval Academy in Annapolis many of the dental officers who excelled in college athletics are now utilizing that experience by contributing to the midshipmen their knowledge of sports. Of the twelve dental officers on duty at the Academy, four were able to qualify as athletic coaches, and another has charge of the strenuous daily calisthenics, which all enlisted personnel of the Medical and Dental Corps must take. All this, of course is in addition to putting in a full day (beginning at 7:30 a. m.) performing their professional duties, in Dental Quarters.

Football is Important

Harold G. Davies, Lieutenant, junior grade, of the Dental Corps is end coach of the Varsity football team, and promptly at four-thirty in the afternoon changes his Navy uniform (or operating gown, as the case may be) and gets into his football togs. He then goes out on the athletic field and works out with the squad until dark, rain or shine, and regardless of how muddy the turf. Injuries are no more common on a muddy field than on any other, and every player learns early in his training just how to fall and roll over and over, without hurting himself. One of Doctor Davies' activities consists of going on scouting trips to watch other teams play. Before Navy is scheduled to meet a particularly tough opponent, he takes a trip and watches that team in action against another squad. Equipped with field glasses, notebook and pencil, he watches the

prospective enemy closely throughout the game and takes careful note of any new tricks or difficult plays that he sees. All his findings he reports to Major Larsen, head coach in charge of Navy football. Then, together with the team, they go out on the field and work out their defense against the future opponent's tricky plays. The midshipmen's perennial battle for supremacy in football over the Army, which became another victory for Navy last November, was ample reward for all the hard work, bruises, and sweat expended by both team and coaches.

Lieutenant Kenneth O. Turner, Dental Corps, is intramural coach for the Battalion football team. Intramural coaches assist also in Spring varsity practice, which starts in March regardless of the weather. Doctor Turner's enthusiasm for football is contagious. He is tireless in his efforts to improve the games of the players, and spends the entire late afternoon drilling them in stretching exercises, muscular coordination, and general muscular development and endurance. The results of this training are highly gratifying and many a young man who started as a clumsy but determined athlete develops surprising agility, speed, and endurance under the able instruction of Doctor Turner.

Swimming Coach

Lieutenant J. H. Sault, Dental Corps, also coaches Battalion football during the season, and is now coaching swimming in the Naval Academy's beautiful natatorium.



Left to right: Harold G. Davies, Lieutenant, junior grade; Kenneth O. Turner, Lieutenant; Jack H. Sault, Lieutenant—all of the Dental Corps, U. S. Navy.

This pool is one of the finest and largest in the world and the water is so thoroughly purified by irradiation and ultra violet rays that it is said to be drinkable. No doubt a great deal of it is swallowed during the excitement of the diving and swimming meets. Doctor Sault, who assists Henry Ortland, head swimming coach for

the Academy, is an expert swimmer himself and keeps an alert eye on the midshipmen to correct any errors in the strokes or racing form. He sees to it that they start properly, for swimmers must be careful not to jump the gun, yet they must get away immediately. Three afternoons each week are spent in drilling them in gun starts

June, 1941

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and racing turns alone, and the other three days are given over to practice swimming and diving, and to trial races. That this sort of training brings results is indisputable, for this season Navy had the satisfaction, among other triumphs, of breaking the existing Naval Academy pool record when it won the 300 yard relay race against Harvard.

At the end of the past Fall sports season these three coaches in the Navy Dental Corps were specially commended by Admiral Wilson Brown, Superintendent of the Naval Academy, for: "Their services and enthusiasm in this volunteer service. They were an excellent influence over the squads in their charge."

Formal Boxing Matches

Captain Alfred Chandler, the Senior Dental Officer in charge of Dental Quarters, is an intramural boxing coach. His duties consist chiefly of judging the boxing matches. These contests are interesting not only from an athletic point of view, but are rather surprising to the newcomer in that one dresses formally to attend these, and even the referee wears a din-

ner jacket. Captain Chandler has previously coached basketball, and when he was on the airplane carrier "Saratoga" his team won the Fourth Naval District championship under his able direction.

Commander Edward B. Howell, Dental Corps, has charge of the strenuous calisthenics which all medical and dental enlisted personnel take every afternoon after work. This training consists of setting-up exercises, or "Swedish," as set forth in the Blue Jacket's Manual, and is varied by drills in formation, marching, stretcher bearing, litter carrying, and first aid. This is all part of the hardening process, which the entire Navy is undergoing.

The avowed mission of the Medical Department of the Navy (of which the Dental Corps is a part) is "To keep as many men at as many guns for as many days as possible," and every effort is being directed to that end. All in all, colleagues in the dental profession can be proud of their representatives at the Naval Academy, who, whether at work or at play, have an outstanding record of achievement.

38 Southgate Avenue
Annapolis, Maryland.

Speaking as a Patient—

The use of X-rays eliminates the "blind flying" that dentists and patients were subjected to in the past. X-ray machines are to be used as a third eye of a dentist, not as dust catchers. If you have an X-ray machine use it and fly "on the beam."

"We talk too much about health and not enough about vanity."



ARE YOU INTERESTED IN MORE PATIENTS?

by Herbert G. Frankel, D.D.S.

I ATTENDED A DENTAL meeting the other night and the subject was "Dental Economics." It was a symposium directed by a layman and, participating in the program, were four of our members who have a fine reputation in this community as successful practitioners. Their message dealt with the methods to be employed for the successful conduct of a dental practice. Each speaker answered a specific question on the subject of dental economics and, although the program was excellent, the attendance at the meeting was probably the smallest of the entire year.

This fact has made me wonder why, with such a fine program did we have such a small crowd? Are dentists not interested in the eco-

nomics of their profession? As I mulled over the question, I asked myself why I attended. Was it my interest in economics or my curiosity to find out just what the other fellow is thinking? Then it occurred to me, perhaps we are not giving the proper thought to the biggest economic problem in dentistry.

Some time ago I read an editorial in ORAL HYGIENE, and I feel that probably I have found the answer. This article tells the story that people spend less than one cent per day per capita on dentistry and stresses the fact that if we

could get the public to increase this "one" to "five" cents, we would probably be in a better position financially.

I surely am in favor of this idea

"Our big job is to raise the 'one cent per capita' to 'five cents per capita' for dentistry."

and I feel that virtually all of us would like to see this come to pass, but how can we accomplish it?

Well, I'm no superman, nor do I have any super ideas, but I would like to tell you about certain observations I have made and try to give a general plan of what I think could be done.

Mechanically, dentistry has made great advancement in the past twenty-five years. Techniques have been perfected to a great degree. Research has given us many new methods of handling dental problems.

Dentists are better equipped to meet the demands of the public, because they receive greater information through dental meetings, clinics, and postgraduate courses. In short, dentists are better students, according to my observations. This situation is well under control, and no doubt our progress will continue.

Dentists are better equipped to handle the business end of their profession. Societies are giving more attention to the subject of the business side of dentistry, and more articles are being written on this subject. We are paying more attention to the business side of our profession, and dentists of today are capable of handling their affairs in a more successful manner than they did twenty-five years ago.

With all of this, what has it brought us as a profession? Has the public given the dentist credit for the improvement that has been made in dentistry? No! I again quote from the editorial, "The people are spending less than one cent

per capita on dentistry." I am not going to bore you with statistics, but you can be sure that the public spends a lot more than one cent per capita on patent medicines, tooth pastes, mouth washes, cosmetics, and beauty treatments.

How can we interest people in their dentists? You notice I did not say their teeth, because they are probably interested in their teeth, but most of them don't pay much attention to what is happening to them, or else they do not have the money to have the necessary service. Still if one of the diseased roots abscesses, they find money to have it extracted and, if it happens to be in the anterior part of the mouth, they find money enough to get some sort of restoration to give them an anterior appearance of beauty. Sometime recall how many anterior bridges or dentures you have made lately and how few, where teeth are lost in the posterior part of the mouth only. It is a common thing to see a beautiful row of white incisors during a smile, but when the individual breaks into a hearty laugh, one can see many spaces that are crying for posterior restorations. I have frequently taken bite-wings of posterior teeth in mouths where first molars were missing and the roentgenograms showed hidden cavities, the result of drifting and shifting of teeth.

How many times have you observed people talking as you sat in a bus, or some crowded place, and mentally examined their teeth? Even at such a distance one can usually spot the dental caries present, especially in anterior teeth.



"I would tell how we examine and treat school children, and how this has helped to improve their appearance."

All of which brings me back to the question, "What can we do about it?"

I just read an article by a dentist who says that our psychology is all wrong. He contends we talk too much about health and not enough about vanity. Maybe he is right. Why not change our tune and spread the gospel of the Ugly Duckling who became a Princess when she had her teeth repaired? It is true that people have been taught to value their personal appearance. Why not capitalize on some of the free advertising given by our cosmeticians and stylists and stress the fact that unless teeth

are in keeping with the rest of the picture, the individual cannot hope to acquire the smart appearance that we all desire?

This is a somewhat different angle than we are accustomed to emphasize and may not sound quite dignified, but I must say that while our real aim and ambition is primarily to promote health, remove decay and disease, the laity does not like to hear us speak in these terms, and if we must camouflage our real object to meet the demands of the times, I cannot see why talking about improved appearance should be objectionable to us, if it is not to our patients. Our ethics and ideals can always be the same, but our methods of dealing with the public must be in terms which they understand and appreciate.

Offers Program

In order to get this program over to the public, I should like to suggest the following plan: I would ask my local dental society to endorse an "Adult Dental Examination week." Several weeks prior to this examination period I would seek the cooperation of the local radio stations and explain the object of this examination as a method of obtaining a survey of the dental needs of the community. After securing time on the air, I would assign the program to some of our members and give each a definite topic to talk about. Most of the copy of these talks should deal with the idea of improving appearance and the restoration of facial features rather than stressing health.

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Each program should be prefaced with an explanation of the object of the examination. In doing this, I would tell how we examine and treat school children and how this has helped to improve the appearance of the children; how when malocclusion is discovered, orthodontia treatment is used, so that no child need be handicapped by a facial deformity. Stress the fact that this same idea is to be applied to adults and that dentistry wants to do its part to improve the appearance of adults as well. Announce that this is sponsored by the ethical dentists of the city and that all that one has to do to obtain this service is to go to any dentist in the city in order to have an examination and advice about methods necessary to restore one's mouth and the normal contours of the face.

As these people come in, and I feel sure that they will, they should be given a thorough examination, and bite-wing X-rays should be taken. Where malocclusion occurs, impressions must be taken and at a second appointment all the data should be placed before the patient. Each defect should be explained, and the patient should be made aware of what can be done to make his or her personal appearance more attractive, and at the same time shown the necessity of removing all infection. Also, we should talk about the cost of the service and try to reach some satisfactory agreement as to how payments can be made. Maybe all of

the service cannot be given at one time, but if the patient is interested in his or her appearance, and we have stated our case with real earnestness, he will find some way to get started. Often when the service has been started, money will be found to carry on. I know this is true, because often I have had a patient come into the office and say, "Doctor, I want this tooth filled. I know I have other cavities, but I can afford to have only one filled at the present time." After the restoration is placed, he, himself, suggests that I place a restoration in another tooth, and so on until all of them are finished.

What I am trying to impress on you is the fact that once people get interested in their dentists and are impressed with the service he gives, they do find ways and means of having their teeth restored.

Our big job, as I see it, is to raise the "one cent per capita" to "five cents per capita" for dentistry.

I am interested in making more money in dentistry, but the first step is to get more patients into my office. In the same way you are also interested in more money and more patients. You have my ideas and I would like to know just what you think of them. If you have a plan to bring patients into dental offices, why not write it up, and maybe we can raise that one cent per capita to ten cents.

3586 Reading Road
Cincinnati, Ohio



This Month's Cover

DOCTOR LOWERY

of the Research Commission

THIS MONTH'S KODACHROME is a portrait of Doctor P. C. Lowery of Detroit, who has served the American Dental Association for the past six years as Chairman of the Research Commission. This committee has rendered important service to the dental profession, and it might be well to review here some of its outstanding activities.

At various times in the past there has been great emphasis on biological research by the Commission, which was then superseded by physical research. In later years, however, the interest has been more evenly divided between these two types of investigation.

With the desire to be fair both to the profession and to the dental manufacturer, the Commission has made a special effort to aid in the development of better dental materials and improved methods of using them. This procedure has raised the standards of dentistry and increased the life span of operative and prosthetic dentistry, particularly that of the gold inlay, amalgam restorations, partial and complete dentures. Not only den-

tistry but the public has been benefited by this effort.

The creation of the Advisory Committee on Dental Caries was a constructive step by the Commission that has been received with enthusiasm by the profession. It is composed of one dentist and two non-dental members, through whose efforts the first edition of DENTAL CARIES was published, and the second edition is now being prepared for publication.

Last year action was taken at the Cleveland Meeting by the Board of Trustees and the House of Delegates in voting an allocation of \$5,000 to establish a fellowship in dental diseases at the National Institute of Health. It is the hope of the Commission that, in the future, this will develop into a biological project similar in scope to the physical project now in progress at the National Bureau of Standards.

Doctor Lowery, at the Cleveland Meeting, was appointed to serve another five-year term on the Commission, and will remain a member of the Advisory Committee of the Research Commission.



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Cover Military and Defense News

HEALTH CARE IS IMPORTANT IN THE ARMY

These interesting photographs taken recently at Camp Grant, Rockford, Illinois, are shown to give readers an idea of the general organization of the medical unit, an important part of which is the dental clinic, now in operation. We are unable to show a photograph of this clinic, however, as important additions of equipment are now being made. According to Major James H. Pence, it will soon be fully equipped in compliance with every modern requirement.

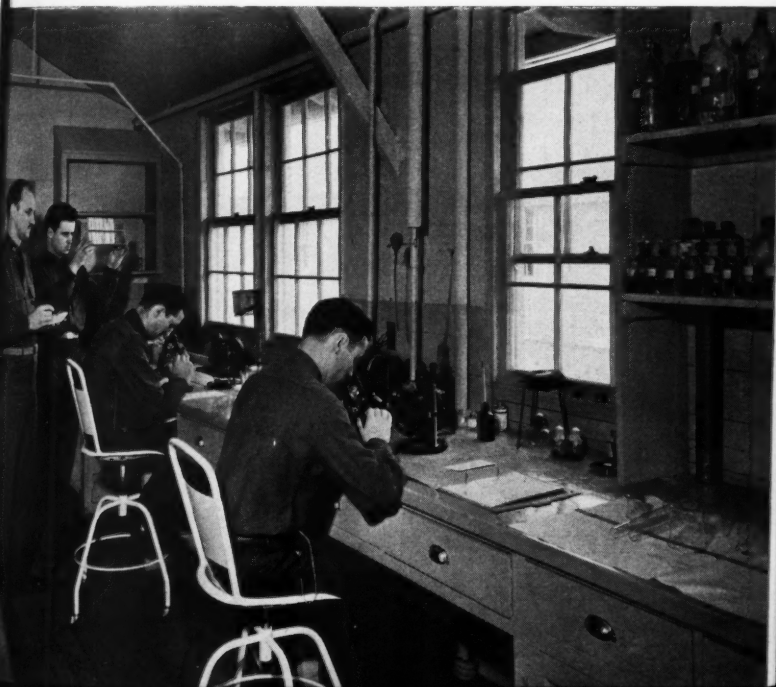
The picture below shows a section of the bacteriology laboratory in the Station Hospital at Camp Grant.

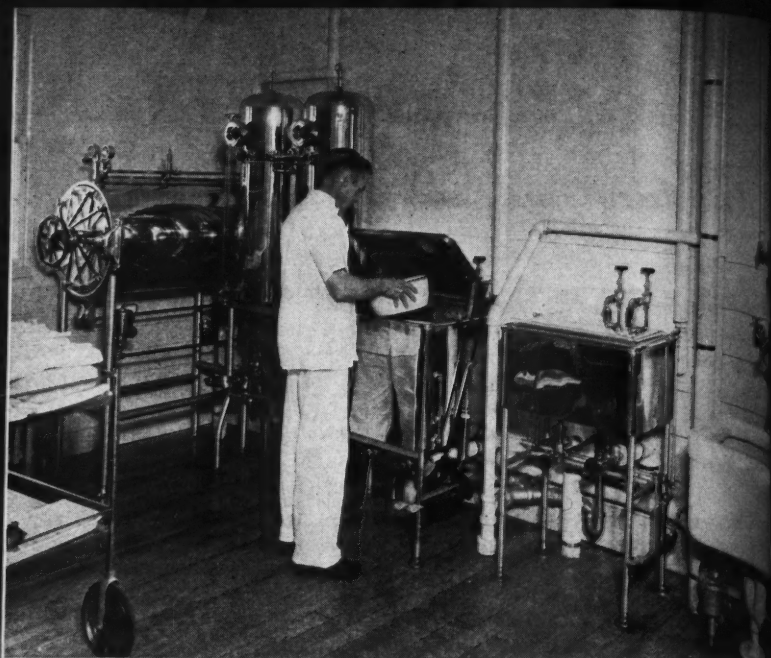
(Top following page) In this sterilization room preparations are made for the care of patients undergoing major surgery.

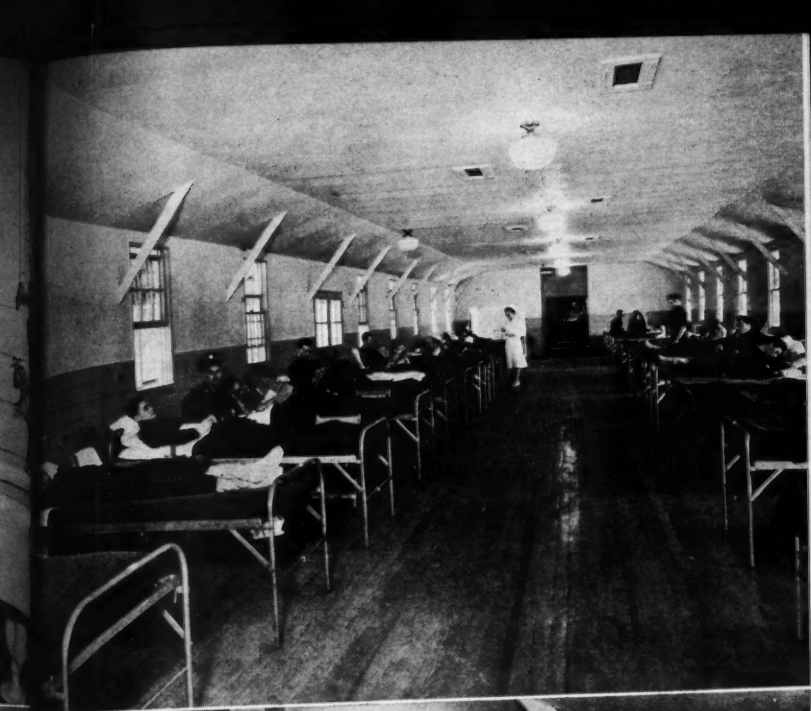
(Bottom, following page) One of the operating rooms in the main surgery of the Station Hospital.

(Top, second following page) This ward is typical of the large, airy rooms provided for sick and convalescent soldiers.

(Bottom, second following page) The Pharmacy at the Station Hospital is prepared for routine and emergency demands.







Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

BY ENEMY ACTION

A POIGNANT PARAGRAPH in a British dental journal announces the death of a dentist and his family in their home "as a result of enemy action." In this case the action of the enemy was direct—by bomb and fire. There is a story in this issue, which describes the deplorable undermining of the French Army and the French people by sabotage and intrigue. This, too, is enemy action. The future interpreters of present-day history will probably agree on one point, that both England and France felt too secure, waited too long, were too free for their own good—until the enemy was in their midst. The same fate may be ours despite our speeded-up production, our frenzied armament race. If we have mental schisms among us, petty quarrels over details, suspicions of people in authority, we are preparing ourselves for destruction.

In our own small field, we must ask ourselves, "Are we ready for war?" We should also ask ourselves a few other simple questions: "What of the uncertainty with respect to dentists being inducted into military service; that is, their uncertainty with respect to commissions? What plans have we made for the care of the migratory workers that follow frenzied defense activities? In our intense interest in preparing the actual arming of forces have we forgotten the dental needs of the civilian population? Have we done anything except to talk regarding the protection of the practices of dentists entering the armed forces? Aren't we inclined to debate long and to split hairs while the enemy, under a singleness of authority, prepares his tools for our annihilation?"

We can all agree that voluntary and free institutions are best, provided that our freedom is not taken too much for granted and that from this

we do not grow careless. The American Dental Association, which is a free and voluntary organization of dentists, may have some things about it not entirely gratifying to every dentist, but with any of its possible weaknesses it is a far better form of organization than one set up along trade union principles or one that might operate under commissars appointed by the government. We should make every effort to preserve this democratic organization. Some of us do not. A fine example of a distorted independence is the attitude taken by dentists with respect to the preparedness questionnaire sent out by the American Dental Association. About 66 per cent of the American dentists returned their questionnaires. The other third of the dental population were too indifferent and too independent to make the slight gesture of cooperation involved. We have been asked by our own organization to cooperate. Failure by us may mean being *told* by the government what to do and when to do it.

Individualism is a grand thing and a spirit to be encouraged, but individualism should never be obstructionism or isolationism. *There is the danger that we can have so much freedom today that we may have none tomorrow.*

Enemy action does not mean falling shells and screaming bombs alone. Enemy action has already begun in our midst with the questioning of the people we have placed in authority, by our holding back, by our failure to work effectively and to cooperate. The modern enemy sows his seeds of dissension before he reaps his harvest with his relentless machines of war.

Edward J. Ryan



DENTISTS IN THE NEWS

Saint Louis (Missouri) Globe-Democrat: Seven eminent members of the dental profession were presented with honorary degrees of doctor of science by Washington University, Saint Louis, in connection with its celebration of the seventy-fifth anniversary of the School of Dentistry. Recipients on whom the degrees were conferred in person were: Brigadier General Leigh C. Fairbank, in command of the Dental Corps of the U. S. Army; Hermann Prinz of Philadelphia, former professor of materia medica and therapeutics at Washington University; Alfred Paul Rogers, professor of clinical orthodontics at Harvard University; Isaac Schour, professor of histology at the University of Illinois; Philip Jay, research associate professor of the University of Michigan School of Dentistry; Raymond C. Willett of Peoria, well-known orthodontist; and Paul C. Kitchin, associate professor of dental research in Ohio State University. Presentation was made by Chancellor George R. Throop at a special convocation attended by official representatives of the dental profession in forty states, including twenty-eight schools of dentistry.

Seattle (Washington) Times: Ralph L. Huber, a dentist of Seattle, has invented a secret plane bombing device, which he believes would enable planes to hit within twenty or thirty feet of their target from an altitude of 25,000 feet or more. Detailed descriptions of the mechanism have been forwarded to Washington, at the request of the War Department, which has also imposed secrecy on Doctor Huber. Speaking of his invention, Doctor Huber said, "It isn't a bombsight but rather a bombsight arrangement or calculator. It is so accurate that a flight of small bombers could wipe out their target every time with little danger to themselves." This device would not, in the opinion of the inventor, replace the intricate bombsights now used on heavy bombers, but could be used by the pilot of a lighter plane carrying a 500-pound bomb. He said it could be manufactured in about three weeks.

Tulsa (Oklahoma) Daily World: Members of the Southwest Dental Society have started a movement for the donation of scrap gold to the British

June, 1941

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June, 1941

ORAL HYGIENE

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Dental Association for use in giving dental service to British soldiers. Doctor C. R. Ball, secretary of the Society, credits the drive to Doctor L. E. Duncan, whose "substantial initial donation" has inspired other dentists. "If every dentist in the state would contribute as much, we could collect \$2000 worth of scrap gold a month for this worthy cause," Doctor Ball said.

Milwaukee (Wisconsin) Journal: Gilbert V. King wanted to be a violinist, but his father objected, so instead he be-



came an aviation mechanic and finally a dentist. At the age of 39 he again reverted to his boyhood interest and in his spare time began to build violins. After spending some time "doctoring" old violins, he finally began to create original models. To carry on this work he has had to make a thorough study of wood, which has such an influence on the tone of the violin. Speaking of the necessity for the wood being aged and well-seasoned, Doctor King says, "The tree from which the best instruments are made must be at least 200 years old before the wood is even considered, and if it is older so much the better. It must not be a dead tree but one whose growth is finished. After cutting, it is cured for fifteen years before it is salable to a violin maker. Most of the wood for violins has been imported from Czecho-Slovakia."

for British and Allied children on behalf of the Save the Children Federation, according to Doctor Joseph L. Polk, chairman of the local group. Funds raised are used to provide "supplemental" aid, such as food and medicines for undernourished children, clothing, and other essentials, which parents are unable to furnish. A contribution of \$30.00, Doctor Polk reports, will provide such aid for one child for a year, and the donor receives the name, a short biography, and often a photograph of the child he has "adopted." American headquarters of the Save the Children Federation are at One Madison Avenue, New York.

New York (New York) Daily News: The importance of the teeth in the identification of bodies was again emphasized in the recent trial in the Bronx County Court of Thomas Conroy, a janitor accused of cremating the body of 10-year-old Genevieve Connolly, after strangling her. The State climaxed its case by calling to the stand Doctor Morris Diamond, a widely-known dental authority and associate professor of Columbia University, to describe in detail, with the aid of charts and drawings, the composition and identifying characteristics of human teeth, with particular reference to seven "specimens," which the State contended were taken from the mouth of Genevieve Connolly. Doctor Diamond said that of all the objects he examined, which were taken by police from Conroy's furnace, a bicuspid first caught his attention. He specifically identified all seven incinerated teeth as having come from the mouth of a 10-year-old child. He told the jury that over a period of years he had examined and classified more than 100,000 teeth.

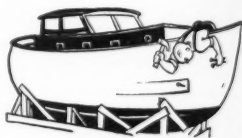
Pittsburgh (Pennsylvania) Post-Gazette: A special organization has been set up by Allegheny county dentists to solicit funds from their fellow practitioners

Erie (Pennsylvania) Times: Although it isn't generally known, an enterprising

reporter brought to light the other day the story of how Doctor John Tinklepaugh, 2406 Peach Street, earned his way through dental school. Because he risked his life in 1921 to save two drowning boys, one of them a nephew of famed Pitcher Christy Mathewson, he won a Carnegie medal for heroism and along with it received \$1600 in cash and a \$900 scholarship, which enabled him to go through the University of Pennsylvania and win his degree in dentistry. When the incident occurred Doctor Tinklepaugh was a young man of 20. He was skating on a dam about eighteen miles from Scranton. Not far away a group of younger boys were playing on the ice, when suddenly two of them broke through and disappeared. By diving into the icy water, skates and all, Doctor Tinklepaugh was able to pull the boys and himself to safety. Two years later he received the Carnegie award.

Boston (Massachusetts) Herald: For fifteen months Ralph Kenney, a dentist of Melrose, Massachusetts, has been mysteriously occupied, during his spare time, in his own backyard. The result

is a 10-ton motor-sailing yacht "Cynoor," that is impressive enough to draw press



photographers from the big city papers. Doctor Kenney constructed the mahogany-planked vessel from plans purchased from a New York firm. The yacht has teakwood decks, a galley with a stove and electric refrigerator, and accommodates four persons. It has been launched on the Saugus river.

Charleston (West Virginia) Gazette: Following an address by Norman H. Baker, President of the West Virginia State Dental Society, a bust of Doctor Simon P. Hullihen, pioneer in oral surgery, was presented to Doctor Ben Robinson for the dental hall of fame of the University of Maryland. The occasion was the thirty-fifth annual meeting of the Society, which was held at White Sulphur Springs in May.

Awards for stories appearing in this month's DENTISTS IN THE NEWS go to:
 MISS ELOISE SLOAN, 507 Atlas Life Building, Tulsa, Oklahoma.
 MISS HELEN DORAN, 2 East Elm Street, Greenwich, Connecticut.
 MR. L. O. CARLSEN, Box 725, Milwaukee, Wisconsin.
 MISS BERNARDINE CORMIER, 327 Rogers Street, Lowell, Massachusetts.
 MISS ALICE KINDALL, 4106-41 S.W., Seattle, Washington.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Discolored Baseplates

Q.—I should like to know just how to keep vulcanite baseplates from discoloring where the rubber overlaps in doing a patch or repair job. For some reason my rubber baseplates turn dark just around the patch.—W. C. R., Oklahoma.

A.—There should be no discoloration at repair joints of baseplate vulcanite if the overlaps are always laid on freshly roughened surfaces and kept free from dirt until after vulcanization. But pink veneer joints should always be carried back to inconspicuous areas as dark looking lines of union are unavoidable.

Carbon disulphide is the most active solvent of rubber. Chloroform has a pleasanter odor to have in the office however.—V. C. SMEDLEY.

Uncomfortable Dentures

Q.—I have a patient, 65, who has had six sets of dentures in the last ten years, and they have always hurt him.

After wearing them for an hour the upper denture begins to cause soreness in the region of the cuspids above the periphery of the denture; then the lower causes soreness in the same area. After this, the condition seems to spread; the whole mouth becoming sore. On removing the dentures the pain slowly subsides and in five minutes it is entirely gone. If powder is used, the pain is retarded a little longer. In five

hours or more, if the dentures are again used, the same thing happens.

The gums at this time show no inflammation and look like they are in a healthy condition. Roentgenograms have been made, and the mouth seems to be normal in every respect.

These dentures have been made by a good dentist and have been properly trimmed and adjusted. This patient wants new dentures, and I feel that I cannot help him in any way to relieve this condition. I ask your advice in this matter.—C. F. B., Minnesota.

A.—Your patient, with the abnormally sensitive mouth at the periphery of his dentures in the cuspid area, seems to present an unusual peculiarity, but I should think you should have no great difficulty in correcting this discomfort by cutting the dentures away radically over these areas and filling in a new periphery with one of the easy-flowing waxes.

You can let your patient wear his dentures with this wax in place for a day or more, if you wish to be sure of both comfort and stability, before running them through the laboratory to make this correction a permanent part of the denture bases.—V. C. SMEDLEY.

Sensitive Areas

Q.—I have a woman patient, 30, with extreme sensitivity about the gingival margin of most of her teeth. What can one do to remedy it?

I have had her physician examine her and he can find nothing that might cause this condition. I have painted the gingival margins with silver nitrate, which helps some, but I don't like to discolor her anterior teeth.

Any suggestions would be greatly appreciated.—R. H. H., South Dakota.

A.—Sensitivity of cervical areas of teeth is sometimes the result of excessive occlusal stresses; particularly the tripping stresses. So the first thing to do is to test for such stresses and relieve them if found.

As you have found, treatment with silver nitrate is usually helpful, but, as you say, it should not be used where stains will be visible in conversation.

Formalin is an excellent desensitizing agent, but it must be used with care as it is destructive to soft tissues.

Grossman¹ advises the cleansing of the areas to be treated with coarse pumice powder, followed by a thorough washing with warm water and wiping with chloroform and alcohol, or chloroform. Then with the rubber dam in place, or cotton rolls, a wedge-shaped orange-wood stick, which has previously been soaked in full strength formalin, is rubbed briskly over the sensitive area for five minutes. The gingiva should then be washed lightly with ammonium acetate solution U. S. P. Then after drying the area with warm air it should be covered with a varnish.—GEORGE R. WARNER.

Discoloration

Q.—Could you please tell me of a way to keep a small tooth, for instance an upper lateral, from darkening up, after placing a three-quarter crown on it?—W. B. W., Nebraska.

¹Grossman, L. I.: The Treatment of Hypersensitive Dentin, J.A.D.A. 21:2050 (November) 1934.

A.—If an incisor tooth is unusually small or thin, there is bound to be a slight change in hue if backed by a non-translucent material. Under these conditions light is not refracted as in the case of a normal, undamaged tooth.

However, if a metal backing of any nature is accurately fitted and set with a properly-mixed cement on a dry, clean tooth surface, there should be no marked change in the hue of the tooth.

In the case of marked darkening, particularly near the margins of the replacement, one should suspect a poorly fitted replacement, poor cement, (perhaps deteriorated acid) improperly mixed cement, a tooth surface that was moist or from which foreign substances hadn't been removed before cementation, or a tooth which was not kept dry long enough after cementation.—GEORGE R. WARNER.

Fractured Central

Q.—I just had a case of a little boy, 9, who has broken the incisal one-third tapering down to almost one-half, on one side of an upper front central. The fracture is clean; caries was not responsible; there is no swelling in the mouth, and the tooth does not seem to be as sore as one might expect.

I washed the tooth, wiped the fracture break with phenol, then alcohol, dried it, and covered it with a cavity lining or varnish.

The mother is naturally greatly disturbed at this loss, but I hesitate to do anything in the way of a restoration, owing to the large pulp that exists in the tooth of a boy his age.

The object of writing you is to ascertain what would be considered the best treatment for a case of this kind. I fully realize the tooth may die any time within a year or more, from the blow. It would seem to me, however, that the dentine should be more or less permanently protected from the saliva, and yet I dislike even going down into

the dentine restoration.

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the dentine to make any retention for a restoration.

My best thought would be, by some method to protect the dental tubulae from the saliva until the boy is way up in his teens, and if the tooth then is vital, place a jacket crown.

Would you advise me what is considered the best treatment for a case of this nature and if my point of view is not correct, feel free to offer any suggestions in regard to the best way of handling this case.—L. W. S., Montana.

A.—Every fractured incisor in a child's mouth is an individual problem, so no general plan of procedure can be laid down.

Doctor Brauer² divides such fractures into several groups, but as we are concerned only with his groups one and two, we will consider those. Group 1. Coronal fracture, with little, if any, dentine exposed. Group 2. Coronal fracture with varying degrees of exposure of the dentine, but without exposure of the pulp.

In group one he advises polishing the rough edges and doing nothing further at the time.

In group two he advises the very treatment you used and then, if the pulp remains vital, he would put on an orthodontic band, cover the dentine with zinc oxide and eugenol and then fill the band with cement.

We have followed this latter plan for years with much satisfaction. Some parents have objected to the gold band, but this is not a great objection, considering the large number of children wearing orthodontic appliances.

In the late teens it is usually safe to restore the tooth with a porcelain jacket crown.

We have, in coronal fractures not involving much if any dentine,

cut the incisal edge down to the plane of the fracture, and then allowed the tooth to come down even with the next one.—GEORGE R. WARNER.

Bony Prominences

Q.—A woman, 30, came to me in January this year complaining of severe pain and swelling in her mandible lingual to, and approximately opposite, the roots of the lower cuspids. The trouble was apparently started by a lower partial denture she had been wearing; the lingual bar of which rested heavily against the tissues in these areas. I asked her to stop wearing the denture until all the swelling had subsided but now a hard epulis about the size of a large navy bean remains on each side, opposite the cuspids.

I have since constructed a new denture with the lingual bar and acrylic material not touching these "bumps." She has no pain and is not conscious of them except that she feels them with her tongue. I have watched her closely for two months and there seems to be no change, but one of them appears to be getting larger.

Your opinion about this condition and how it should be handled would be greatly appreciated.—A. G. S., California.

A.—The hard bony prominences lingual to your patient's lower cuspid roots have no doubt always been there but the patient was unconscious of their presence, until they were bruised by the settling of the old lingual bar. Since she has discovered them, she feels them with her tongue and very likely just imagines that one is getting larger.

Such bony enlargements are not infrequent and are known as torus lingualis and are similar to the torus palatinus that is often present in the center of the hard palate. They usually should be just let alone but may be removed if need be, after laying back a gum flap, with bone burs or chisels. They consist of a hard dense cortical type of bone.—V. C. SMEDLEY.

²Brauer, J. C.: Treatment and Restoration of Fractured Permanent Anterior teeth J.A.D.A. 23:2323 (December) 1936.

Radiolucent Spots

Q.—Enclosed is a roentgenogram of an upper left lateral incisor. I should like your opinion as to the cause of the dark spots on the distal of the lateral root. Clinically, the mouth is in excellent condition; the gums having been treated about two years ago and excellent care taken of them since by the patient, who also has routine prophylaxes. However, the patient is suffering from what her physician diagnoses as arthritis, and while he has told her she would never get well, yet he inquired as to the condition of her teeth, and a full mouth X-ray reveals nothing wrong except the spots on the lateral root. There are no clinical symptoms apparent about the lateral.—**F. W. W., Texas.**

A.—The small radiolucent spots showing on the distal border of the maxillary left lateral incisor root (Figure A) as shown in the roentgenograms enclosed with your letter may or may not be of pathologic origin. I am inclined to think that they are not.

I have a case, (Figure B), in which a much more marked radiolucence cuts across the root of a maxillary cuspid. The tooth is normally vital, and the condition has remained the same over a number of years, so I have considered an anatomical variation in the root but I can't prove it and hope not to, for the sake of the patient.—**GEORGE R. WARNER.**

Estate Pays Dental Bill

Q.—I have just completed a full upper and lower denture for a man. Nothing was said as to the payment of the bill. He has died.

What percentage of the bill should I ask the estate to pay? My office sign says "Terms Cash."—**M. S. S., Pennsylvania.**

A.—You do not make it clear in your letter if the completed dentures had been delivered to your patient before he died. But whether they were delivered or not, I would say that if they were completed before his death you would be justi-

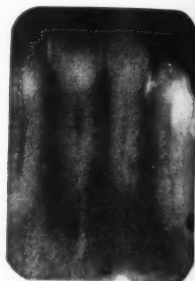


Fig. A



Fig. B

fied in rendering the estate your bill for the entire fee.—**V. C. SMEDLEY.**

Burning Sensation

Some months ago³ in your department, I noticed a question on burning sensation of the oral tissues of persons wearing dentures. To my mind you have covered all the possible causes but, with one exception, and this one is actually the most common. I have cleared up hundreds of these cases, and I have found that relatively few have had their etiology in your enumeration.

I am writing this with the suggestion that you will pass it on to your questioner and hope that it will be of some aid to him in solving his patient's problem.

Your suggestion to take the impression physiologically is absolutely correct and this, in itself, should suggest the cause. When a denture has been worn for a long period, there naturally

³Burning Sensation, Ask Oral Hygiene in Oral Hygiene 30:851 (July) 1940.

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must be considerable tissue changes. This, as you know, causes an ill-fitting denture. Now, since you will concede that there is a vibratory (molecular) condition in all matter, which increases in speed with heat or, rather the reverse; namely, that the increased speed produces heat, then it is conceivable that this vibratory motion is nothing but a rubbing action against the microscopically rough surface of the denture. For this reason, the construction of metal dentures in the past would tend to alleviate somewhat the condition, based on the implied assumption that the smoother surface of the metal would not irritate the tissues as much as vulcanite. However, this was not always true, but would help in those mouths whose tissues were not totally susceptible to a rough and poorly adapted surface.

Often, the pigment in vulcanite was blamed for this condition, and new dentures of a different color were constructed rarely with success. I have found, and proved over seventeen years, that the material used was not important. For example, in a case of burning sensation in a patient, who has been wearing a red vulcanite denture, I have stopped the burn with a denture made of red vulcanite.

The answer to the whole problem is to take an impression so that the vibratory action is held to a minimum and that means an impression under functional pressure; that is, closed mouth technique. In my experience, the only material capable of giving a physiologic picture of oral tissues is paraffin or a form of paraffin wax, which will flow at mouth temperature. With this type of material, reliefs are unnecessary, since in some cases the posterior palatine artery by its pulsating actually makes a path or bed which is visible on an upper impression.

The fact that your questioner states that if the patient removes his present denture, which is ill-fitting regardless of the fact that it has suction, for a definite period of time, he can wear it for a similar period and then the burning sensation returns, proves definitely that the period for recovery or healing is similar to the period of irritation or burning, which becomes progressively worse.

If this dentist would coat the present denture with ordinary paraffin wax, painted on in melted form with a brush,

and permit the patient to wear it during his time of irritation, I believe the condition would be corrected. The wax should be replaced every 24 to 48 hours.

No doubt you are familiar with the technique, but should you desire any additional data, I should be pleased to furnish it.—Herbert R. Berger, 1450 Broadway at 41st Street, New York.

Dissolving of Inlays

In an issue⁴ of ORAL HYGIENE some time ago, T. T. M. of Louisiana raised the question of the dissolving of inlays.

I myself live in an industrial community and have an opportunity to see much of this condition. I find it always occurs in the mouths of men who chew tobacco or snuff. It seems that, when tobacco is processed, there is quite a bit of dust—field dust, which is sharp and crystalline, left in the weed. The constant movement of the tobacco against any metal in the mouth wears it away gradually. In fact, it is so gradual it seems to dissolve away.

Before constructing crowns, bridges, and inlays for these inveterate tobacco chewers, I ask them to cooperate in giving up tobacco to avoid having difficulties develop later with additional dental expense.—L. J. Fein, D.D.S., 3518 Main Street, Indiana Harbor, Indiana.

Solution Coagulates

Do you have difficulty with your solution coagulating, and adhering to the inside of your spray bottles? I use a proprietary preparation in my bottles and I have just found something that will clean them. I half fill the bottle with vinegar and, with my thumb over the top of the bottle, I shake well for about two minutes. Then I fill the bottle and spray into the cuspidor. This cleans out the glass tube bead and entire nozzle.

If you are annoyed with calcium deposits from your water adhering to your cuspidor, spray the vinegar on these areas, and rub briskly with a cloth.

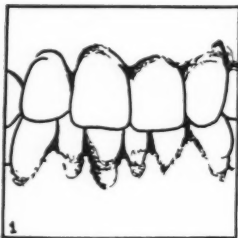
This has been a worry of mine for years, and I thought some others might have the same difficulties and would enjoy reading about my experience.—G. F. Gurley, D.D.S., Brown Theatre Building, Wapakoneta, Ohio.

⁴Dissolving of Inlays, *ASK ORAL HYGIENE in ORAL HYGIENE* 30:1230 (October) 1940.

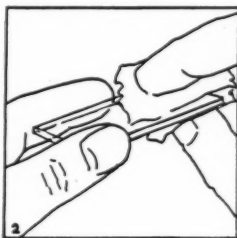
TECHNIQUE OF THE MONTH

Conducted by W. EARLE CRAIG, D.D.S.

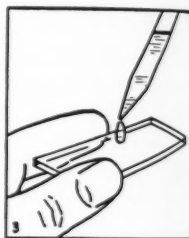
Microscopical Examination of Mouth Organisms



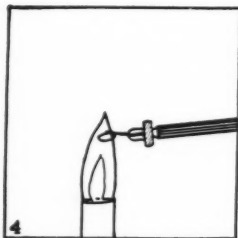
1 Patient presents with indications of Vincent's infection ("trench mouth")



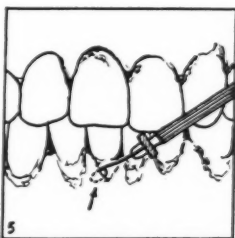
2 Using lint-free material, polish glass slide. Be sure slide is free from grease.



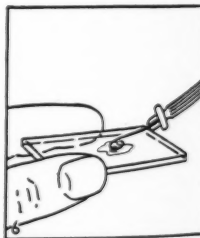
3 Drop a single drop of sterile water on the slide.



4 Sterilize wire loop in flame.



5 Take specimen by sliding loop under interproximal tissue. Loop must get under gingiva.

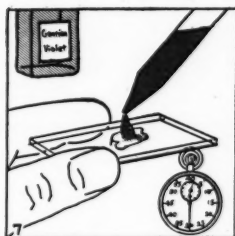


6 Mix the material on the wire loop with the water spread on the slide. Allow to air dry. Fix by passing gently through a flame.

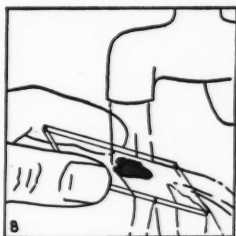
FORMULA FOR GENTIAN VIOLET

Make a saturated alcoholic solution by using 4.8 grains of gentian violet and 100 cc. of 95% alcohol.

For use as stain, mix 5 cc. of the saturated solution with 95 cc. of distilled water.



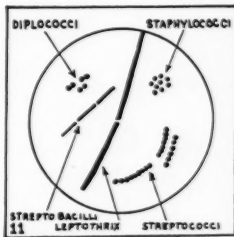
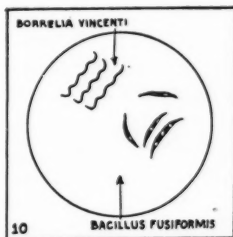
Stain with gentian violet 1½ minutes.



Wash under tap until no more color comes off and water is clear. Allow to dry.



View with oil immersion objective.



Drawings by Dorothy Sterling

If you are interested in a particular technique and would like to have it included in this series, please write to

W. Earle Craig, D.D.S.,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

It is the intention of the editor of this department to give proper credit to all persons responsible for techniques shown. Most techniques are the result of the work of many men, and it would be impossible to determine all persons responsible. All persons credited in this department have either added to or changed somewhat an established technique.

Laffodontia

"John," she said, "I've got a lot of things I want to talk to you about . . ."

"Good," John interrupted. "I'm certainly glad to hear it. Usually you want to talk to me about a lot of things you haven't got."

★

"I suppose you carry a memento of some sort in that locket of yours?"

"Yes, it's a lock of my husband's hair."

"But, your husband is still alive!"

"Yes, but his hair is gone."

★

Husband: "You say the bill collector is downstairs?"

Wife: "Yes."

Husband: "Well, tell him to take that pile on my desk."

★

Teacher: "Junior, can you tell me why the Babylonian king, Nebuchadnezzar, built the hanging gardens?"

Junior: "I ain't sure, teacher, but I guess it was because his neighbors kept hens."

★

He: "Have you fixed the status of the people next door?"

She: "Yes, they have no car, no radio, no talking machine, no piano. I can't imagine what they have."

He: "Perhaps they have a bank account."

★

"Please announce Mr. and Mrs. Dollar and daughter."

New Butler (in loud voice): "Three bucks."

Mountain Guide: "Be careful not to fall here. It's dangerous. But if you do fall, remember to look to the left. You get a wonderful view on that side."

★

Chaplain: "What brought you to prison, my good man?"

Prisoner: "A cold in my head."

Chaplain: "How could that be?"

Prisoner: "I had to sneeze and woke up the night watchman."

★

Christine: "Why don't you marry Daniel?"

Catherine: "I will only marry a man who knows life and has learned its sorrows."

Christine: "I see—a widower."

★

The following notice was inserted in a rural weekly: Anyone found near my chicken house at night will be found there the next morning.

★

Critic: "You have made your hero too hot headed, I'm afraid."

Budding Writer: "How do you mean?"

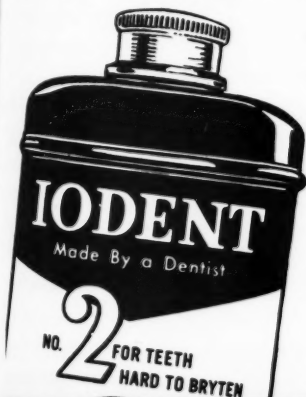
Critic: "Well, he has a lantern jaw to begin with. And so his whole face lit up! His cheeks flamed; he gave a burning glance, and then, blazing with wrath and boiling with rage, he administered a scorching rebuke."

Now! **A POWDER OR PASTE**
FOR
Smoke Smudged
TEETH



No. 2 POWDER is destined to become as famous as **IODENT No. 2 PASTE**. Both made to do their job safely and more pleasantly

No. 1 POWDER or PASTE is ideal for children, and teeth easy-to-Bryten

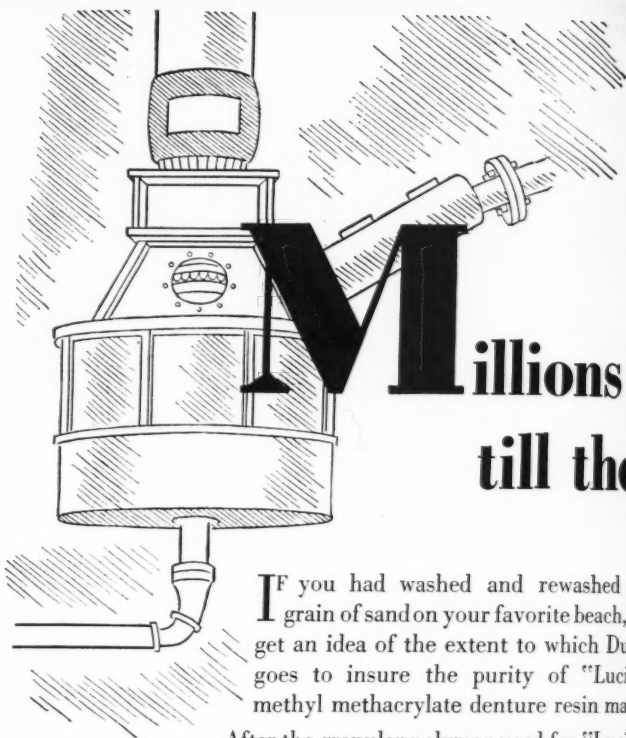


DENTISTS (only)
REQUESTING SAMPLES

Please specify whether paste or powder is wanted. Request must be on your letterhead and carry your authentic signature.

THE IODENT CHEMICAL COMPANY
DETROIT, MICHIGAN

Made by a Dentist



Millions of granules till their faces

IF you had washed and rewashed every grain of sand on your favorite beach, you'd get an idea of the extent to which Du Pont goes to insure the purity of "Lucitone" methyl methacrylate denture resin material.

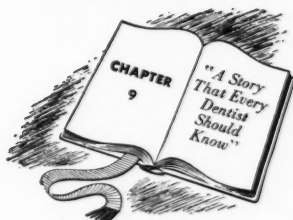
After the granular polymer used for "Lucitone" has been formed from the basic monomer, it is subjected to a special washing process at the Du Pont plant. Only specially treated water is used, and every single batch of polymer is washed not once but five separate times. Any polymerizing agents which may remain on the surface of the granules from the polymerizing process come out in the wash. Not a single impurity can remain to cause ultimate harm in the mouth.

To supply the specially treated water used in this process, an entire room at the Du Pont plant is required. This room houses the water purifica-

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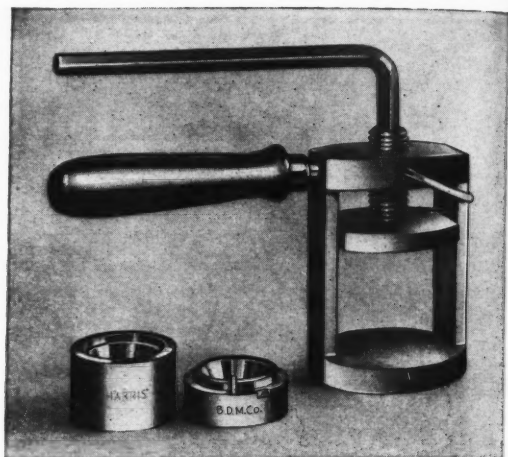
of granules-scrubbed their faces shine

ion plant with a capacity of 15,000 gallons per day to operate this washing process, which was especially developed to safeguard the purity of this type of plastic.

The extra measure of care exercised in making "Lucitone" isn't entirely expended for our own satisfaction. Elaborate tests and analyses have convinced us that it is the only way we can produce a denture material which can be offered to you with the assurance that you may safely use it in your patient's mouth.

That process is more costly, naturally. But your peace of mind is well worth the little more it costs you when you specify "Lucitone," an acrylic resin specially synthesized for dentures. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, N. J.

"Lucitone" denture material is the only methyl methacrylate resin denture material made by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.



for ACRYLIC Inlays and Jacket Crowns **NEW Harris Flask and Press**

Here's equipment you've been waiting for—a flask and press designed by Dr. La Mar W. Harris for acrylic inlays and jacket crowns.

The solid brass flask features a raised flange or investment lock on the lower section to retain all material within the mould and permit full pressure directly on the

material, thus preventing porosity and producing better fitting inlays.

The press is heavy bronze with a pressure plate that completely covers the top of the flask. It has a convenient handle and sturdy wrench and is a little giant in power, strength and durability.

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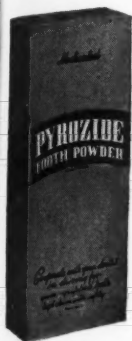


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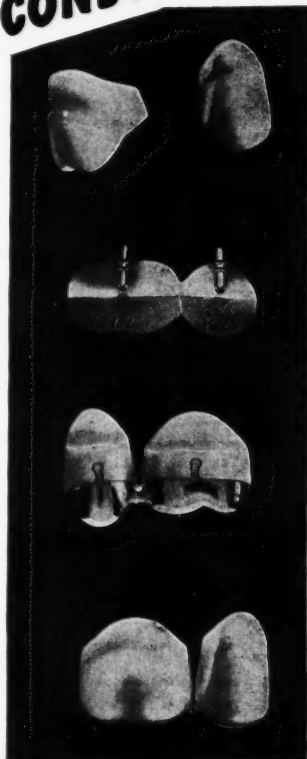


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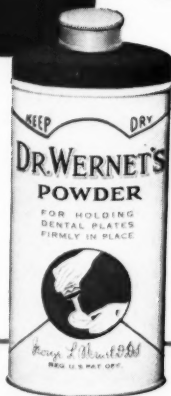
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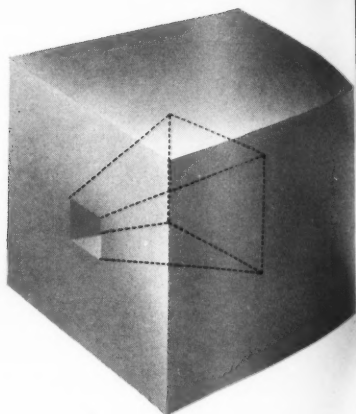
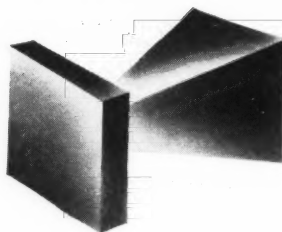
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The distance between the ends of the two yellow bars measures the "reserve toughness" or safety margin of a typical high strength dental gold, as between the limit of elastic conditions and breakage. As shown, unexpected shock could produce an effect approximately twenty times greater than normally encountered before breakage of the structure would occur.



GOLD'S RESERVE CAPACITY

Illustrating an important property of dental gold

WHAT IS PERCENTAGE OF ELONGATION?

Percentage of elongation is a measure of the ability of a material to deform and to stretch before breaking.

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RESERVE CAPACITY FOR ABSORBING OVERLOAD

unproperty of dental gold.

Why Is Gold's Percentage of Elongation Important in Dentistry? It is an index of the extent to which the structure may be safely contoured and burnished. It is also important because a structure or part of a structure may be occasionally subjected to impact or other overloads, the forces of which cannot be accurately predicted. It is desirable that such overloads should not cause breakage even though they may cause permanent deformation. Dental golds provide a specially wide margin of safety in "reserve toughness" to cushion such occasional shocks or impacts. Further, should a gold structure be distorted, the case may then be annealed and readily restored to its original shape, after which it may be rehardened for severe service.

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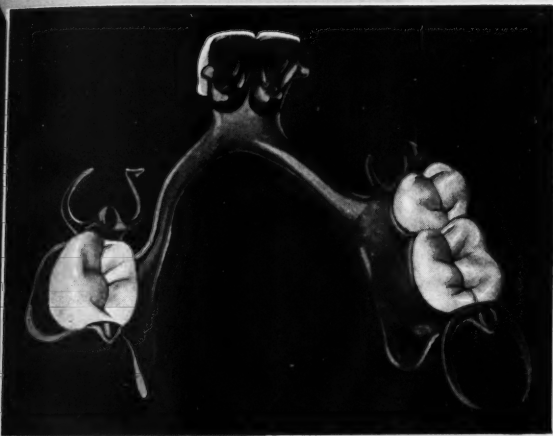
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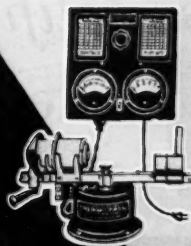


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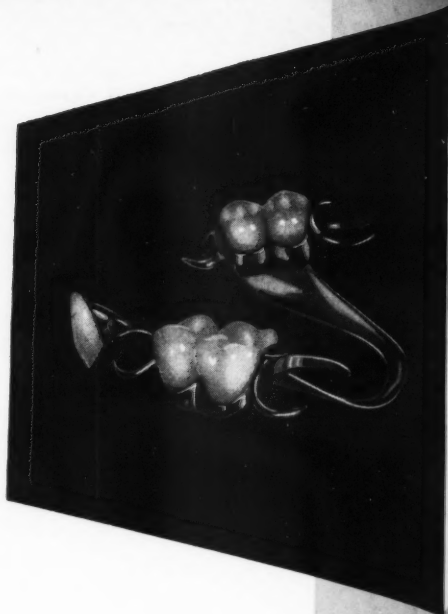
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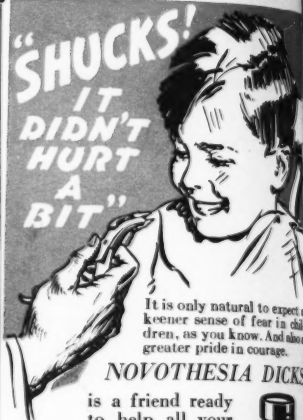
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PRODUCTS COMPANY**
429 Bourbon St. New Orleans

**"Super-Absorbent"
COTTON ROLLS**

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

DENTAL ABSORBENTS CO.

Palms Station
Hollywood, California

USE
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Gentlemen—

Please send me a free, generous sample of "SUPER ABSORBENT" ROLLS.

DR.

STREET

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The Niagara of Denture Adhesive



OVER THE YEARS

With the good will of the dentist, an unceasing flow of CO-RE-GA has gone forth from our manufacturing plants to help millions of patients throughout the world gain confidence with immediate, partial and full dentures.

WILSON'S
CO-RE-GA
(POWDERED)

PERFECT ADHESIVE FOR DENTURES

DOCTOR!

*This Coupon
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Exclusive Use*

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. _____

COREGA CHEMICAL COMPANY
208 ST. CLAIR AVE., N. W. CLEVELAND, OHIO

CO-RE-GA is not advertised to the public

Nearing the CENTURY MARK



THE 19th Century witnessed many monumental contributions to medical and dental science. It was a period marked, for instance, with the first use of ether as a surgical anesthetic, the introduction of oral surgery, the establishment of the first dental college, the first dental journal and the first dental association in the United States, and the perfection of many instruments now considered imperative to dental practice.

Few businesses today can point to foundings in those years which contributed so notably to the progress of dentistry. Church & Dwight Co., Inc. is one of these, having been established in 1846, when Dr. Austin Church and John Dwight joined to produce the first Bicarbonate of Soda in the Western Hemisphere. Ever since we have specialized in improving our product and in making it widely available, at low cost.

Today Arm & Hammer Baking Soda and Cow Brand Baking Soda serve the dental profession in many ways. Both are good dentifrices, acceptable to the Council on Dental Therapeutics of the American Dental Association. They are recommended for an efficient cleansing gargle or mouth wash, and are widely used by dentists in the care of instruments and equipment.

For all their efficiency and reliability, their cost is low—just a few cents a package—at the grocer's.

**Business Established
in 1846**

CHURCH & DWIGHT CO., Inc.
10 Cedar Street New York, N. Y.

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McKesson

Please send
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Address . . .



In the shadow of a **DENTAL APPOINTMENT**

Ordinarily, he is a courageous fellow with the kind of nerves that stand up without a tremor under the wear and tear of high-gearred, competitive business activity and the fast tempo of American business life. He's proud of his reputation for not scaring easily. But he will admit without a blush that he fears and dreads a dental appointment.

Unfortunately he, like so many, many other people, remembers a painful dental chair experience long after he has forgotten the benefits of good dental treatment. For over thirty years McKesson nitrous-oxid equipment has been changing the *fearful and apprehensive* attitude of these people by making dentistry easier and more inviting to them. You can make a no more profitable investment than the purchase of a McKesson Nargraf or Easor. Let us tell you what these machines are doing for other dentists in the way of promoting ideal operating conditions, reducing operating fatigue, and paying for themselves in increased practice. Return the coupon. It involves no obligation.

McKesson Appliance Company, Toledo, Ohio

O.H.6

Please send me, without obligation, complete information on ☐ the Nargraf for anesthesia and analgesia; ☐ on the Easor for analgesia only.

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Address State

THINKING about VACATION?

Let NEY
send you
a **BIG**
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So you can enjoy
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Send your
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Scrap (OLD GOLD, SILVER, PLAT-
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- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
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4 oz.
GLASS JAR
\$1.



CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



June 14
through
Labor Day

"All the fun in the world" is yours at Cedar Point, the largest vacation resort on the Great Lakes.

Dance
NIGHTLY TO FAMOUS
RADIO BANDS

Seven miles of sandy beach, all sports . . . 1,000 outside rooms in Hotel Breakers.

BENNY GOODMAN and his orchestra, opening attraction, June 14 to 19, in Grand Ballroom.

On U. S. Route 6, Ohio 2, midway between Cleveland and Toledo. Rail or bus to Sandusky. Steamers from Detroit and Cleveland. Send for new folder.

CEDAR POINT-ON-LAKE ERIE
Sandusky, Ohio

The Old

"CLATTER
PROOF"



"PRACTICALLY
UNBREAKABLE"



"MUCH LIGHTER
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ACRYNAMEL

for JACKETS, INLAYS, BRIDGES

Thousands of practical single unit and multiple tooth Acrynamel replacements, now in mouth service, attest to the complete practicability and sheer natural beauty of these cases. Strong, dense, long lasting Acrynamel restorations assure satisfaction. Acrynamel shades may be blended to duplicate the most opaque or most translucent human teeth. You get just what you want with Acrynamel, the purest acrylic powder and liquid obtainable.

DENTA-PEARL

PLASTIC TEETH for

FULL AND PARTIAL DENTURES

Worn, tested and observed for nearly three years in the mouth, Denta-Pearl Teeth duplicate natural teeth in appearance, mouth comfort and function. Extremely light in weight, yet practically unbreakable, they provide an advanced improvement in mastication. Their revolutionary new feature, sound absorption, entirely eliminates porcelain clatter. They actually defy detection.

For complete information, processing directions write today.

CLATTERPROOF, Practically Unbreakable, Much Lighter Weight—these are but a few of the outstanding features of Denta-Pearl Plastic Teeth, and Acrynamel, the new acrylic enamel for jackets, inlays and bridges. Restorations can now be constructed with true life-like appearance, normal mouth feeling and wearing qualities that are more akin to natural teeth than any other substitute for enamel.

H. D. JUSTI & SON, INC.

The Oldest Manufacturer of Porcelain and Plastic Teeth in America

PHILADELPHIA

RESTORE TISSUE TONE

**In Periodontal Disease
More Rapidly with**

ALUDROX

CLINICAL REPORTS show clearly that Aludrox, Wyeth's Alumina Gel, Dental, is a valuable adjunct to instrumentation and prophylaxis in the more rapid restoration of normal tissue tone in the treatment of periodontal disease.

Aludrox removes irritant substances and bacterial toxins from pockets and crevices by adsorption, a purely physical process. It exerts a beneficial astringent action without undesirable vasoconstriction. It is not a chemical antiseptic and thus cannot corrode or damage gingival tissue.

Aludrox is applied undiluted to the periodontal tissue with a swab, toothbrush or digitally. Best results are obtained if the patient uses Aludrox, diluted, as a mouth wash several times daily at home between office visits. Folder giving complete technique of treatment will be gladly supplied on request.



*Periodontal pocket formation
in lower molar area.*

Supplied in 4-oz. bottles.

JOHN WYETH & BROTHER, INC.
Philadelphia, Pa.

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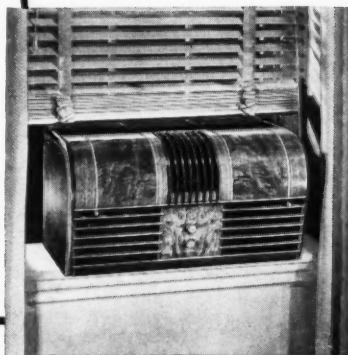
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**Keep Your Office
Cool - Quiet -
Comfortable**
on the hottest,
most humid days!



MODEL 76-A (Illustrated)

- Cools and Conditions Room Air.
- Dehumidifies. Moisture is wrung out of the air, leaving it cool, dry, stimulating.
- Draws in Fresh, Outside Air.
- Filters Out Dirt, Dust and Pollen. A boon to hay fever sufferers!
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PHILCO-YORK
SINGLE-UNIT
AIR CONDITIONER

Brings you real, complete air conditioning at new low cost. And it will repay you many times over by making possible increased efficiency and a more pleasant atmosphere for your patients! Instruments, uniforms and all equipment stay clean and hygienic far longer.

You enjoy a cool, quiet, stimulating atmosphere in your office on the hottest, most oppressive days. No hot, muggy discomfort . . . no unpleasant medical odors . . . no dust from open windows . . . no irritating street noises!

The Philco-York Air Conditioner is easily and quickly installed . . . no plumbing . . . no wiring. Just plug into any electric socket. Be cool and comfortable all summer . . . investigate now!

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THERE'S A PHILCO-YORK AIR
CONDITIONER FOR EVERY SIZE
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\$129⁵⁰

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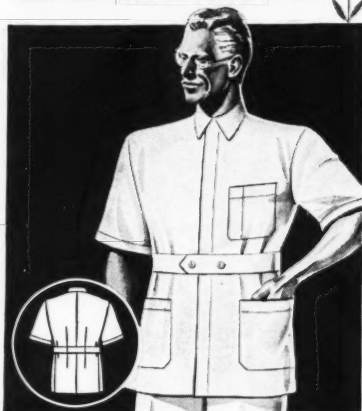
Please mail me the beautiful, illustrated Booklet on the Philco-York Single-Unit Air Conditioners, together with details of your Easy Payment Offer to professional people.

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HERE'S A COAT *Created* FOR DENTISTS



A world of dentists have waited for this coat—a garment so smartly different from the ordinary professional coat, you will want one immediately. It is handsome, smooth, modern in styling and for comfort can be worn without shirt, collar and tie. The full-length fly front conceals a zipper—for a neater closing plus extra convenience.

The smock is made of Angelica's exclusive Sanforized-Shrunk White Twill—a fabric that wears and wears and still keeps its smart appearance! Belt is attached in back and buttons in front with two sewed-on pearl buttons. Sizes 34-44.

Order No. 378, Ea., \$2.85 3 for \$8.15

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HIGHEST
PRACTICAL
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74½% Pure Silver

Always retains its
silvery-white lustre

Conforms to Federal
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1839 S. Crawford Ave., CHICAGO



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Through
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1839 S. C

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WIG-L-BUG

Pat. May 21, 1940

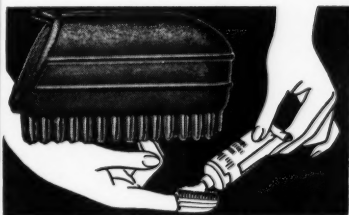
This Wonder Electric Mortar and Pestle assures uniform results . . . Its mix is a smooth fine texture always the same. The Wig-l-bug eliminates human error, unnecessary waste of alloy and mercury. It standardizes technic and not only makes better fillings but makes them faster . . . Only 7 to 10 seconds are required to triturate enough amalgam for an ordinary size filling with the Wig-l-bug and your favorite alloy. Get complete information about this extremely helpful Crescent device without obligation. Write today.



Model No. 3A

Through your dealer or direct

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



GUM MASSAGER

The HY-KARE Gum Massager is an invaluable aid in promoting firm gums and sound teeth. Ideally suited for home care of the gums after thorough prophylaxis. Stimulates circulation of the vascular tissues without irritation.

Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

For use with any dentifrice or special lubricant you prescribe. Order direct, or through your supply house.

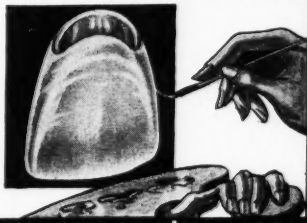
8 for \$1.00 — Sample 15c — 44 for \$5.00

In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

HY-KARE LABORATORIES

405 S. Dearborn St., Chicago

TRANSLUCENT PORCELAIN JACKETS



THE MASTER'S TOUCH

As the country's largest and oldest ceramic laboratory we ask you to send your impressions to us for beautiful, transparent porcelain restorations. Your porcelain jacket is shipped same day we receive impressions. We use first class mail and pay postage. Send for free BOOKLET "Easy Method of Preparation for Porcelain Jacket."

M.W. SCHNEIDER
30 N. MICHIGAN AVE. * CHICAGO, ILL.

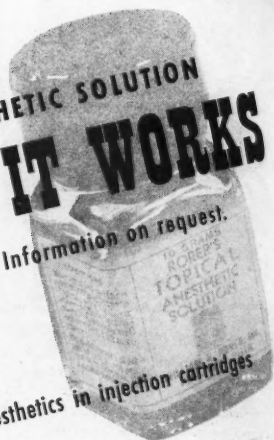
RORER'S TOPICAL ANESTHETIC SOLUTION

IT WORKS

Offered in 10 gram bottles. Information on request.

WILLIAM H. RORER, INC.
Established 1910
254 South 4th Street
Philadelphia, Pa.

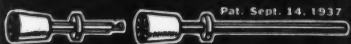
Manufacturers of dental anesthetics in injection cartridges



Crescent Webbed POLISHERS

are permanently
mounted,
will NOT slip off

- Webs provide greater, more effective polishing surface
- Webs retain abrasive while in use
- Made of flexible, long life rubber
- Smooth, gentle, yet POWERFUL
- Supplied for angle or straight handpieces



Pat. Sept. 14, 1937

CRESCENT DENTAL MFG. CO.
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Send for your **FREE** copy!

● A valuable addition to your library. This comprehensive discussion of "Inlays and Fixed Bridgework" by Dr. Karl W. Knapp contains practical, up-to-date ideas on technique. Ask your dealer—or write.

"Klondiker"
WILLIAMS INLAY GOLD
WILLIAMS GOLD REFINING CO.
BUFFALO, N.Y.; PORT EXR, N. CAR.

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Grapefruit and Pyorrhea



Although there are many theories as to the exact causes of tooth decay, there is ample clinical evidence that the incidence of dental caries and pyorrhea is far less when the diet includes sufficient quantities of natural foods containing the essential vitamins and mineral salts.

Leading investigators have found that a diet lacking in Vitamin C often precedes the onset of pyorrhea.

Citrus fruits are of great value in the formation of sound teeth and healthy gums, and help them to remain so. Grapefruit, fresh or canned, constitutes an economical year-round supply.

Grapefruit is a prime source of ascorbic acid (Vitamin C), as well as an appreciable source of other vitamins and mineral salts.

Recent research has shown that this fruit is one of the least costly food sources of Vitamin C. At current prices, grapefruit juice supplies Vitamin C at a cost less than that of the synthetic product.

Members of the dental profession desiring a complete and authoritative documentation on the nutritional values of grapefruit are invited to use the coupon for a free copy of "Citrus Fruits and Health," recently published by the Florida Citrus Commission.



**FLORIDA CITRUS
COMMISSION
STATE OF FLORIDA**

Dept-35-0

Florida Citrus Commission
Lakeland, Florida

Gentlemen:

Please send me your book, CITRUS
FRUITS AND HEALTH.

Name _____

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City _____ State _____

Profession _____

THE MODERN WAY TO MAKE DENTURES



Do away with
old-fashioned
ROCKING CHAIR DENTURES*

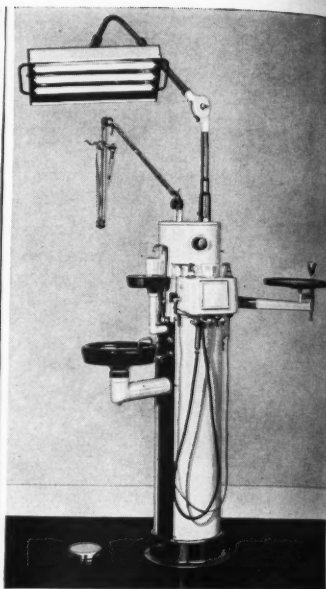
Use
KELLY'S PASTE
as your corrective

Up-to-date dentists no longer use messy, old-fashioned plaster as a corrective wash when making dentures. Modern methods call for Kelly's Paste with its assurance of correct fit and adaptation in every case.

*A descriptive term for ill-fitting dentures.
LEE S. SMITH & SON MFG. CO.
7325 PENN AVE. PITTSBURGH, PA.



\$2.50
AT ANY
DENTAL
DEALER



LOW SPEED... yet MAXIMUM POWER

Here are eighteen other reasons why our No. 7 UNIT is better: (1) Any speed available between 300 and 2300 r.p.m.; (2) Positive, visible control for every speed; (3) No bulky controller; (4) No intricate parts in foot control; (5) Press on control in any position and speed is exactly same as indicator shows; (6) No complicated or special controller cord; (7) No resistance box in unit; (8) No collector rods for engine; (9) No contact points in motor; (10) No carbon brushes in motor; (11) No motor cord of multiple wires; (12) No danger of kicking foot control levers and permitting engine to run; (13) No special wiring in or to engine; (14) Motor replacement at 1/3 cost of any other dental engine; (15) Same speeds available in reverse as forward; (16) Less labor on motor under heavy load; (17) All working parts more accessible; (18) More easily repaired.

The price—only \$397.50 as illustrated with exception of fluorescent light and handpiece which are extra.

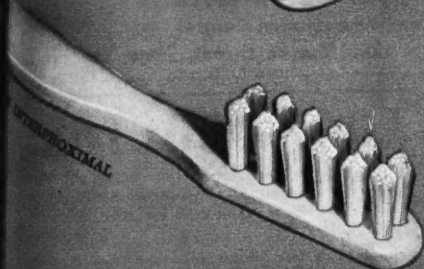
Send today for free, illustrated catalog. Or ask your dealer. **NO OBLIGATION.**

CENTRAL DENTAL MFG. CO., INC.
640 S. Third St., Louisville, Ky.

Takamine to
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The 2-R
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TAK
acked remit
ual prices as

... for scientific massage-brushing!



Takamine toothbrushes are properly designed to facilitate the most modern massage brushing techniques.

The 2-Row Interproximal type is used for the technique favored by Drs. Charles, Stillman-McCall. A 3-Row model of the same type is also available (see coupon). The popular Takamine standard model is designed to the exact specifications of Dr. Joseph Head.

In either case, the trimmed tufts of resilient bristles, carefully spaced in the small head, can easily and efficiently cleanse innermost tooth surfaces.

These are the only toothbrushes that can be sterilized repeatedly in boiling water without harming the brush. The use of Takamines in cases of Trench mouth is therefore particularly important.

TAKAMINE

TAKAMINE CORPORATION, 132 Front Street, New York City

Enclosed remittance to cover my order for.....TAKAMINE Toothbrushes at professional prices as checked below:

For your office dispensation Special prices are:

.....STANDARD at 7¢ each.2-Row Interproximal at 10¢ each.

.....3-Row Interproximal at 9¢ each.

If you reside in New York City, please add 2% sales tax.

D.D.S.

for General Pruritus - apply - DERMA MEDICONE

Pruritus ani et vulvae

Pruritus scroti

Pruritus senilis



Pruritus hiemalis

Pruritus of mycotic infection

Pruritus universalis

Samples and Literature on Request

MEDICONE COMPANY - 225 Varick Street, New York, N.Y.



D-P IMPRESSION COLLOID

- Is approximately ten to twenty times as strong as similar materials and contains no fibre.
- Needs no gun. No mixing. No kneading.
- Merely heat, allow to cool and it is ready for use.
- Can be used at body temperature, consequently eliminates the hazard of burning.
- Can be used for all Partial, Full or Indirect Inlay techniques.
- Is extremely accurate.

LOOK DOCTOR:

This little ad is directed at you fellows who have never used D-P Impression Colloid or D-P Denturlyne. You will find the claims we make below:

- Sells for five dollars per dozen, money refunded if not entirely satisfied.

D-P DENTURLYNE

- A non-toxic reline material, comprised of resin, chemically balanced to allow a slow set under mouth conditions.
- Does not burn, but creates a soothing fresh sensation.
- Increases stability and suction as much as 100% on all dentures.
- Can be cleansed and will wear for months.
- Gives immediate relief to the troublesome denture.
- Is ideal for the immediate restoration.
- Comes in jars, already mixed. A small bottle of thinner is included in each package so that the consistency may be changed to suit the individual requirements.
- Sells for four dollars.

DENTAL PERFECTION COMPANY

MANUFACTURERS OF
2323 W. Washington



DENTAL SPECIALTIES
Los Angeles, California

VARIED LABIAL SURFACES



Another Contour that Contributes to the Personality of the Tooth...

CERVICO-INCISAL CONTOUR

This contour is not as varied as the mesio-distal contour. The high point of the curve is the position of the horizontal highlight.

There is no fixed correlation between the mesio-distal and the cervico-incisal contours. There are innumerable combinations of the curves of the two directions.

Variations of the labial surfaces are the bases of esthetics, and the first and only artificial teeth to embody varied labial surfaces in natural teeth are

VERI-CHROME
TRADE MARKS REG. U. S. PAT. OFF.

Five Phase



Anteriors

Specify them on your next case

Look for the trade mark  on the lingual of each tooth

Use your
VERI-CHROME
COLOR GUIDE
—it will eliminate all guess-work in both partial and full denture work.

IVERSAL DENTAL COMPANY

FACTURERS OF THE MOST COMPLETE LINE OF PORCELAIN TEETH
H & BROWN STREETS • PHILADELPHIA • PA.

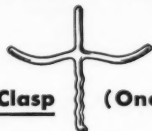
USE
LAVORIS

If False Teeth Irritate...



Use Lavoris daily, experience perfect mouth conditions

CHROME ALLOY ATTACHMENTS



TOLEDO Clasp (One piece)

Finest Chrome Nickel Cobalt. Will not tarnish, adjust with fingers. Furnished annealed. Temper restored by contouring and polishing. Easily soldered. 25c each. 12 for \$2.00.



TOLEDO Lingual Bar

Chromium alloy—flexible but strong. Will not tarnish. Small, medium and large. 25c each. 12 for \$2.00.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

THE PARISIEN CHEMICAL COMPANY, INC., Toledo, Ohio, U.S.A.

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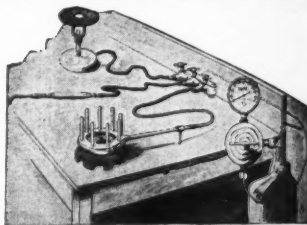
ACETYLENE APPARATUS

● USED BY THOUSANDS OF DENTISTS WHO DO NOT HAVE CITY GAS

If you are already using some TORIT Acetylene Apparatus, connected directly to a Presto Tank, for

SAFETY and CONVENIENCE

we suggest the use of our No. 1634 Tank Pressure Regulator and No. 936 Three-Way Bench Valve and brass tubing to connect from the regulator to the valve. This apparatus comprises the TORIT NO. 95 INSTALLATION (\$21.40) and averts danger of blowing rubber hose off the Presto Tank Valve—affords convenient control of blowpipe and burner flames at the bench valve.



TORIT ACETYLENE INSTALLATION No. 81

Here is a complete set of acetylene apparatus for all blowpipe, wax burn-out, etc., work in your laboratory. Consists of a tank pressure regulator, blowpipe with several tips for various work, wax eliminator, bunsen burner, three-way valve and 8 feet brass tubing (\$38.50, not including tank).

● Ask for Catalog No. 13, showing TORIT Nos. 81 and 95 Installations and over 100 other items that will interest you. ●

Torit Manufacturing Co.

273 WALNUT ST. ST. PAUL, MINN.

These tests TELL YOU THE TRUTH



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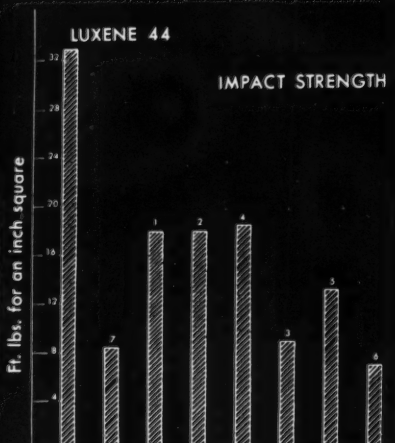
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LEFT: Standard testing equipment, on which were determined the measurements of denture resin impact strength plotted in the chart at the right. RIGHT: Chart showing that the impact strength, found by actual tests, of "LUXENE 44", is greater than that of other denture resins.

about denture resin impact strength!

Good impact strength is essential. It is of particular importance in partials and in those dentures that must be made in thin sections.

Here, too, "LUXENE 44" is the leader. As the chart shows, it has a far greater impact strength than other denture resins in use today. This is a *demonstrable fact*. It is proved by actual tests, both in the testing laboratory and in actual service.

Why not take advantage of this greater strength and toughness, and decide now to make your next cases of "LUXENE 44"?

SELECTED LABORATORIES TO SERVE YOU BEST!

To assure you of excellent craftsmanship that meets your most exacting standards, "LUXENE 44" is available through *selected* laboratories who have been thoroughly trained in "LUXENE 44" technic.

Write us for the names of the *selected* laboratories nearest you. Or, if you make your own cases, ask us for a demonstration.

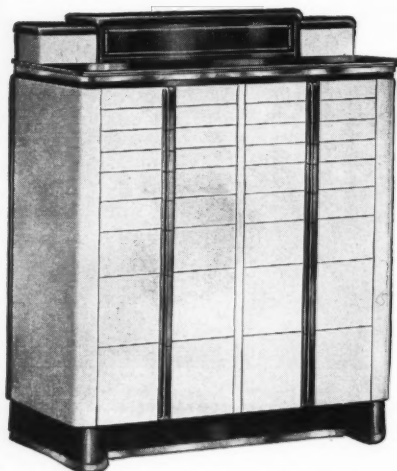
LUXENE, INC., 118 E. 25th STREET, N.Y.C.



LUXENE 44

TRADE MARK REG. U.S. PAT. OFF.

Now You Can See More Patients Per Day



AMERICAN DENTAL CABINET NO. 141-A.

New American Cabinet helps you speed up operating and examinations by promoting patient composure, saving your time, conserving your energy, and reducing nervous strain.

Less time spent on each patient means that you can see more patients per day. With the new American No. 141-A Cabinet, you can speed up your examinations and operations . . . because it helps make patients more cooperative . . . because it is efficiently arranged to provide everything you need without lost time . . . because its convenient design saves your energy by reducing waste motions . . . and because it reduces the nervous strain on yourself and on patients by its silent, noiseless operation. Send in the coupon for the full story of the features of the new No. 141-A Cabinet that helps you to see more patients. No obligation.

THE AMERICAN CABINET CO.
Two Rivers, Wis.

OH-6-41

Send me full details on the new efficiency features of the No. 141-A Cabinet.

Name _____

Address _____

City _____

State _____



THE AMERICAN
CABINET CO.

Two Rivers, Wisconsin

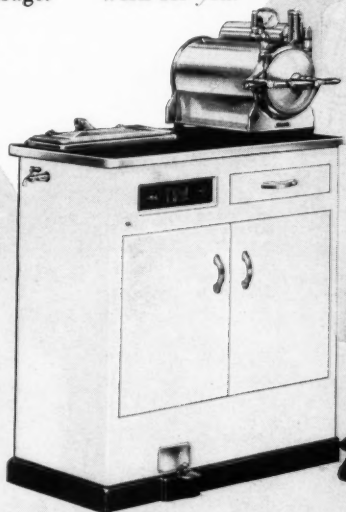
THE "41" STERILIZER FOR YOUR '41 OFFICE

Beautiful, impressive and providing actual HOSPITAL protection for dressings, gloves and other operating materials, as well as instruments, the Pelton "41" is emphatically THE STERILIZER for your busy, prosperous, modern office. The lustrous 6" x 12" Autoclave sterilizes automatically by 250° of steam under pressure, and returns contents dry and ready for use or storage.

The 14-inch Instrument Sterilizer has every modern automatic protection, including famous Sentry Cut-off, and operates by silent hydraulic release pedal.

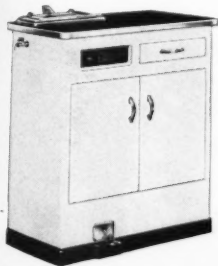
Cabinet is double size and lights automatically when opened. Top is non-staining formica. Finish is in standard colors, or mahogany or walnut.

Ask our representative how easily Model 41 can be put to work for you!



Model 41. With Instrument Sterilizer but less Autoclave which can be added later. . . \$145
(Western Zone, \$156)

Model 41FL. Complete with Autoclave. . . \$280
(Western Zone, \$295.50)



You may prefer to buy the "41" Sterilizer now and the Autoclave at a later date. This plan works splendidly. Cabinet, with Sterilizer, is a complete deluxe installation to which Autoclave can be added at any time.

PELTON "41" STERILIZER ★

THE PELTON & CRANE COMPANY

Established 1901

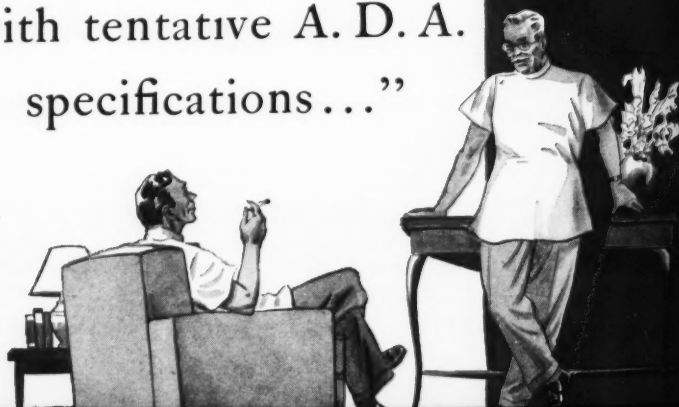
Detroit, Michigan

THE *History* of



1938

“Densene complies
with tentative A. D. A.
specifications...”



88

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CC

THE GREAT ACRYLIC RESIN

ITS Future...

1938: This momentous year of international crises witnessed the introduction of Densene to dentistry. Instantly, through its superior color characteristics, because of its separate powder and liquid units, the profession welcomed it enthusiastically as a great dental achievement.

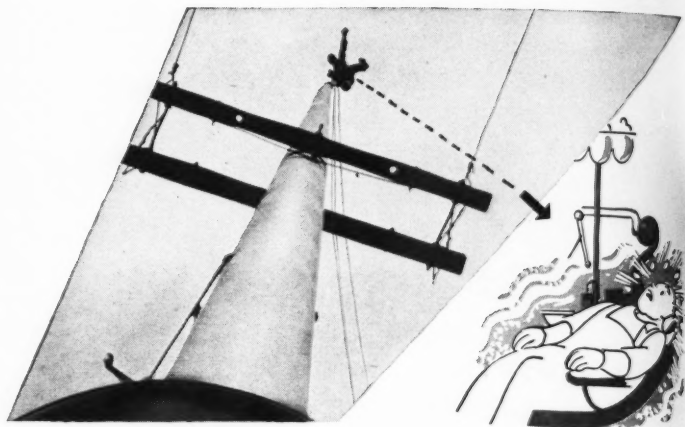
Subsequently, the controversy of a "dough" versus powder and liquid acrylic denture base material was definitely decided by the profession in favor of Densene. Our resolute stand in support of powder and liquid to best serve the needs of the dentist won nationwide recognition for Densene in an expression of overwhelming preference for this form of acrylic resin. By 1940, in colleges, clinics and offices more than 250,000 Densene cases were proved.

Later, Densene was found to comply with the tentative A.D.A. Specifications for acrylic resin denture base materials. Here again our assurances of highest standards of quality were confirmed in authoritative research.

It is our earnest hope and belief that further refinements will be made in acrylic resin denture materials in coming years. It is our earnest desire, too, that we be fortunate enough to contribute even a small portion towards its improvement. To that end, our own research department is engaged today and will be far into the future...

COSMOS DENTAL PRODUCTS, INC. • 115 W. 45TH STREET, NEW YORK CITY

FEARLESS ON THE JOB



... but jittery in the Dentist's Chair

He climbs to dizzy heights to paint a pole that looks so fragile a stiff breeze would blow it away. He doesn't mind that, but a dental appointment is something else. He comes to the chair tense and apprehensive . . . in short, a difficult and uncooperative patient.

Nembutal is often a useful agent for preoperative sedation in such cases. It acts quickly, allaying fear and relieving tension . . . thus saving you time and helping the patient to become calm and cooperative. A desirable antispasmodic effect is gained when

administration of a local anesthetic is necessary. Less of the anesthetic is generally required for effect when Nembutal premedication is employed.

Nembutal's rapid, powerful action is of conveniently short duration, permitting speedy recovery. The effective dosage is only about one-half that required with certain other barbiturates.

For preoperative sedation, Nembutal $\frac{3}{4}$ -grain capsules, in bottles of 100 and 500, are usually adequate.

ABBOTT LABORATORIES
NORTH CHICAGO, ILLINOIS



NEMBUTAL

$\frac{3}{4}$ GRAIN CAPSULES

UNITED

Mi 31
Soluti

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31 is a
merica's
Develop
is specif
stimula
Your pa
al physic
ash and
ur patient
Mi-31 is
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Try it t
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pharmaceuti

UNITED DRUG COMPANY AND YOUR REXALL DRUGGIST
YOUR PARTNERS IN HEALTH SERVICE



Mi 31 Approved by Dentists for 5 years as the safe, effective Oral Antiseptic

Mi 31 is a product of the Department of Research and Technology in one of America's finest and most modern drug laboratories.

Developed to kill germs faster, without harming delicate tissues of the mouth, it is specifically indicated as a mouth wash following extraction, for its cleansing and stimulating effect promotes normal healing.

Your patients, too, like its pleasant taste. That is why thousands of dentists and physicians recommend it and use it themselves as the safe, convenient mouth wash and deodorizer. And because it is so economically priced, you can please your patients by recommending its frequent use.

Mi-31 is available only at Rexall Stores (Liggett and Owl Stores are also Rexall Stores).

Try it today and see how favorably your patients react to this laboratory and clinically-tested oral antiseptic.

UNITED DRUG COMPANY • BOSTON • ST. LOUIS
CHICAGO • ATLANTA • SAN FRANCISCO • LOS ANGELES • PORTLAND • NOTTINGHAM • TORONTO
Pharmaceutical Chemists — Makers of tested-quality products for more than 38 years

U. D. Products are available wherever you see this sign

Rexall
DRUGS



Tide you
THE NEW DENTURE

FASTEETH... Alkaline,
*Scientifically Perfected for
Better Denture Retention*



"MOUTH TISSUES CHANGE—SEE YOUR DENTIST"

That's the story the colorfully illustrated brochure, "DENTURE CLOSE UPS" hammers home to patients by comparison with eye-glasses and simple mouth structure charts. Send for your copy to keep in your office and show patients why dentures require periodic check-ups for readjustment or replacement.

your Patients Over
ADJUSTMENT PERIOD"



.. Alkaline FASTEETH Lends Double Aid to Hasten Control

FASTEETH exerts double action to bring a high degree of satisfaction and more rapid adjustment of the patient to his new dentures. (1) FASTEETH forms a thin, colloidal and yet cohesive film between plate and mucosa — for long hours of retention security. No bulky, sticky feeling. (2) Gently alkaline, FASTEETH acts to offset inflammation caused by hyperacidity beneath the denture and helps alleviate discomfort and irritation arising from awkward use of denture by patient during the adjustment period.

Try FASTEETH for better retention of temporary dentures; on old loose plates while new ones are in the making.

DENTURE
CLOSEUPS

CLARK-CLEVELAND, Inc. • Binghamton, New York

I'd like to impress on my patients the need for periodic denture check-up and readaptation. Rush me a FREE office copy of "DENTURE CLOSEUPS."

OH-6

Doctor.....

Street & No.....

City.....State.....

Dentists Rank BS Polishers FIRST in National Survey!



By an overwhelming majority, the dentists of the United States recently voted BS POLISHERS the safest, most convenient and most efficient rubber polisher on the market.

They did so because they know from experience how BS POLISHERS quickly and thoroughly clean deep points of pits and fissures—in between teeth and under free gum margins. They know how cool and smooth BS POLISHERS run . . . that they do not throw and splatter abrasive . . . that they give the patient the greatest possible comfort in a complete Prophylaxis.

They know the hand-piece lasts longer with BS POLISHERS because they have a rubber skirt that keeps out most of the abrasive . . . and that the polishers themselves last longer because they're made of the highest quality soft, flexible rubber.

If you have not tried a BS POLISHER, send for a FREE SAMPLE today and see for yourself why so many thousands of successful dentists call it the best polisher on the market.



YOUNG DENTAL MFG. CO. 4958 Suburban Rn.
ST. LOUIS MO.

Have You Tried—

DOHERTY'S GUTTA PERCHA FOR TEMPORARY FILLING?



SEND THIS ADVERTISEMENT
AND 40c (NO STAMPS) FOR SPECIAL
SLIDE PACKAGE CONTAINING
1 OZ. EITHER PINK OR
WHITE ALSO ASSORTED, TO:

EUGENE DOHERTY RUBBER WORKS, INC.

110-112 Kent Avenue, BROOKLYN, N. Y., U.S.A.

(O.H.)



Dependable source of VITAMINS A · B₁ · B₂ (G) · C · D

● Nutritional studies demonstrate that of the many vitamins that have been identified there are five of major importance to the bodily economy. These are vitamins A, B₁, B₂(G), C and D. In Polytaxin there is present each of the essential food factors that are most likely to be lacking in the diet. Polytaxin approximates the daily need as closely as existing knowledge indicates.

New Formula—Increase of Potency

Each capsule now represents:

- 10,000 U.S.P. (international) units of vitamin A
- 333 U.S.P. (international) units (1 mg.) of crystalline vitamin B₁ (thiamine hydrochloride)
- 40 Bourquin-Sherman units (100 gammas) of crystalline vitamin B₂ (G, riboflavin)
- 500 U.S.P. (international) units (25 mg.) of crystalline vitamin C (ascorbic acid)
- 1,000 U.S.P. (international) units of crystalline vitamin D (from ergosterol)

DOSE: 1 capsule or more daily.

Supplied in boxes of 25 and 100 capsules.

POLYTAXIN

Trademark Reg. U. S. Pat. Off. & Canada

POTENT
STABLE
STANDARDIZED

*Five
Fine Vitamins*

LITTLE CAPSULE...
SWALLOWED
WITH EASE

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

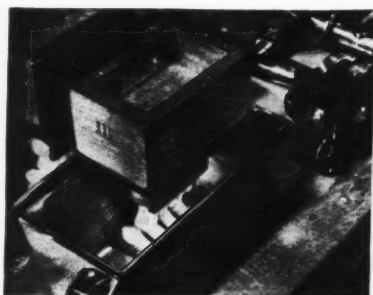
NEW YORK, N. Y.

WINDSOR, ONT.

How to Polish Teeth **BRIGHTER**

Pepsodent Offers New Technical Booklet that Describes Methods and Techniques Used in Proving Exceptional Results Obtained from Composite Metaphosphate

PEPSODENT TOOTH POWDER HAS THE POWER TO PRODUCE A 32% BRIGHTER LUSTRE ON TEETH THAN THE NEXT-BEST LEADING TOOTH POWDER... ACTUALLY TWICE AS BRIGHT AS THE AVERAGE OF ALL OTHER LEADING BRANDS!



MACHINE BRUSHING TESTS

Teeth and brush ready for mechanical brushing... from page 2 of the booklet.

■ This statement, recently released to the public, is one of the most sensational dentifrice announcements of recent years. It is the result of exhaustive laboratory tests on Pepsodent's safe, high-polishing ingredient, and the careful analysis of results obtained by several independent testing laboratories.

Here is the conclusive proof that Pepsodent Tooth Powder is one of the most effective tooth-brightening aids ever developed for home use... one with which not only

every consumer, but every professional man should be familiar.

Send for Booklet

Pepsodent now reveals the results of years of testing and experimentation in a booklet that is free for the asking. We urge you to send for it. It is called "Lustre Production by Tooth Powders" and is a significant treatment of an important advancement in dental science. Use the coupon. A copy of this booklet will be sent to you . . . together with a sample of Composite Metaphosphate, if you choose. Mail the coupon today.

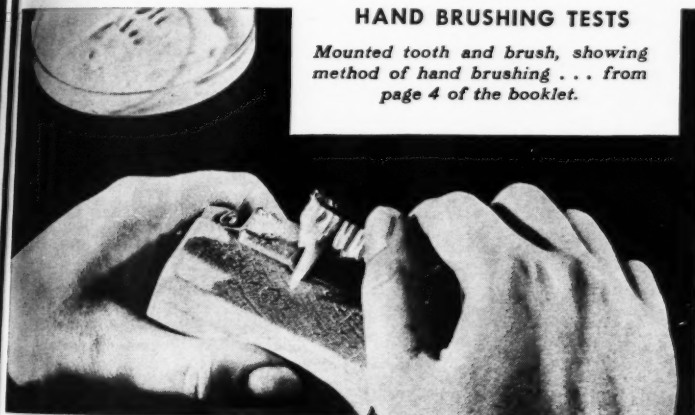


QUANTITATIVE LUSTRE MEASUREMENT

Recording photoelectric spectrophotometer to measure degree of lustre on polished teeth... from page 5 of booklet.

HAND BRUSHING TESTS

Mounted tooth and brush, showing method of hand brushing . . . from page 4 of the booklet.



**Mail this
Coupon**

**WITH YOUR
LETTERHEAD OR
PROFESSIONAL
CARD, PLEASE.**

THE PEPSODENT COMPANY
Dept. 8406, 6901 West 65th Street, Chicago

Please send me, free of charge, a copy of the new booklet "Lustre Production by Tooth Powders". Also a Free Sample of Composite Metaphosphate . . . (check)

Name

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City State



A REFRESHING RECEPTION ROOM THIS SUMMER

Install Royalchrome for its beauty of design, comfort and soft color combinations.

Royalchrome
DISTINCTIVE FURNITURE

It looks cool and feels cool, renders exceptionally long service . . . is easy to keep new-looking and sparkling. 30 colors of guaranteed Tuf-Tex leatherette.

Ask for new 16-page Reception Room Booklet. Free planning service.

ROYAL METAL MFG. CO.

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New York • Los Angeles • Toronto

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BUY FROM YOUR DENTAL SUPPLY DEALER

THUM Checks NAIL BITING AND THUMB SUCKING

Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.

THUM contains extract of capiscum (2.34%) in a base of acetone, nail lacquer and esopropyl alcohol. Applied like nail polish.

\$.50 and \$1.00 per bottle at your dental depot or druggist.

NUM SPECIALTY CO. 4614 Fifth Avenue, Pittsburgh, Pa.



OH 6-41

Centripetal Action

**NO—SPRAYING
—SPLASHING
—SPATTERING**



**PERFECTION
PROPHYLACTIC
OLISHERS**



The Centripetal Action of Cup directs cleaning material to Central Peak. Test it yourself!

Send for FREE Sample Unit.

Sold by Dental Dealers Everywhere.

Made in U.S.A. By

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MANUFACTURERS • DISTRIBUTORS • EXPORTERS

• PROPHYLACTIC DENTAL SPECIALTIES •

1055 Mission Street

San Francisco, Calif.

COLUMBIA MODEL GLOSS

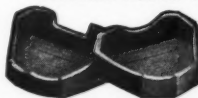
Gives a Smooth, Lustrous Finish to Plaster or Stone Models Makes Them Washable

Simple to Use: To 1 part Model Gloss add 1 part water and let models remain in this solution 30 minutes. Rinse models in water, dry with soft cloth and rub to desired gloss.



\$1.00 a qt.

Columbia Rubber Model Formers



Price per set—
1 upper and 1 lower
rubber model former
\$2.75

Order through
your Dealer

The easy way to make neat study models.

Just pour plaster or stone into rubber model base former and mount anatomical cast.

Upper and lower models made in these formers occlude automatically.

Complete illustrated directions supplied.

Columbia Dentoform Corp.

Have you a copy of our 16-page illustrated price list?

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New York, N.Y.

FORWARD-LOOKING DENTISTS

Make Us Prove

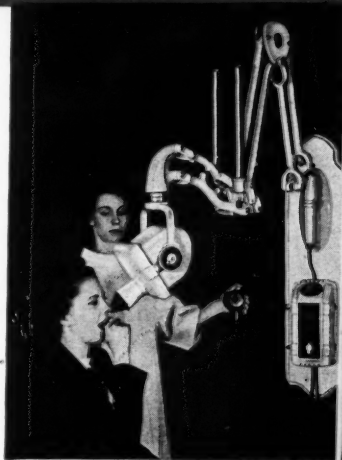
That This Remarkable X-Ray

Apparatus Will Be Your

BEST PAYING INVESTMENT!

★ Sit down and figure a minute. Increased income will not only pay for your apparatus but also bring you a handsome profit through long years.

THERE is something to be said for an up-to-date office. There is even more to be said for giving patients the best service possible. And after that comes the very practical duty to yourself of constantly advancing in your profession. In the opinion of many leading dentists, whom we have consulted, an x-ray apparatus is not only a source of surprisingly increased income—from fees for radiographs and new work uncovered—but is also a great good will and prestige builder. It helps significantly to build business.



Unexcelled Features of Performance

When it comes to selecting an x-ray apparatus weigh these features of this famous FISCHER Wall-Mounted Shockproof Dental X-Ray.

1. It is 100% flexible—every required position easily obtainable while patient remains seated in the dental chair.
2. It is very attractive and compact. When not in use, it fits snugly against wall supports.
3. There is ample power under exact control. Compensation is provided for variations in line current.

4. All construction is highest quality. The leak-proof housing for tube and transformer is made of a single piece of cold drawn steel.
5. A choice of finishes is available to match finish of dental offices.
6. Radiographs produced are superb—unexcelled by any competing apparatus.
7. Efficient performance of this FISCHER Dental X-ray Apparatus is guaranteed by H. G. FISCHER & CO.

Ask us today to send you full information by return mail. No obligation. Clip and use convenient coupon.

FISCHER

WALL-MOUNTED

Shockproof

"DENTAL X-RAY"

H. G. FISCHER & CO.

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Please send full information regarding your FISCHER Wall-Mounted Shockproof Dental X-Ray. No obligation.

Name

Address

VIBROFLEX

A Cotton Roll so flexible that all upper or lower teeth can be kept dry at one time for DENTAL EXAMINATIONS OR GINGIVAL TREATMENTS

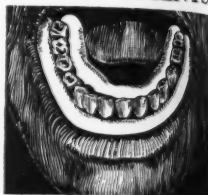


FOR UPPERS

←
use a single long piece, third molar to third molar.

FOR LOWERS

→
use two pieces



We feel sure you will be pleased with *Vibroflex* used as above and as illustrated on the package. Order a box of *Vibroflex* thru your Dealer or send 25c, stamps or coin, for a special trial package to

I enclose 25c for a trial pkg. of VIBROFLEX

Doctor

Address

City State

VIBRO-DENTAL
PRODUCTS, INC.

214 South 12th Street,
Philadelphia, Pa.

The HARRISON

CHICAGO'S NEWEST HOTEL

• Built for you average business men and families. No expensive frills but everything for your comfort in an ideal downtown location. You get a smartly furnished room with circulating ice-water, tub or shower-bath, and FREE RADIO. You sleep soundly on a soft, Beautyrest Mattress. And talk about convenience . . . you can even step into your garage from the hotel lobby.

JUST OFF MICHIGAN BLVD.
ON HARRISON ST.

SINGLE ROOM FROM \$2⁰⁰
DOUBLE ROOM FROM \$3⁰⁰

Inexpensive COMFORT

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downtown
LOS ANGELES
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CLARK

With the movie capital of the world and radio city within the borders of Los Angeles, entertainment reaches its zenith. Gay nights, laughter and life—sunny days filled with thrills and excitement. The Clark at Fifth and Hill, is a hotel where you'll find your every wish anticipated. Single from \$2.50—Double from \$3.50. Whether your sojourn in Los Angeles be for a day or a month — choose Hotel Clark.

Rooms
5 5 5
Baths

Do Patients Think of You Twice a Year...or Twice a Day?



The dentist whose patients consider him a factor in their every day lives is usually the dentist who enjoys a successful practice. For "personal service" is the foundation of patient loyalty.

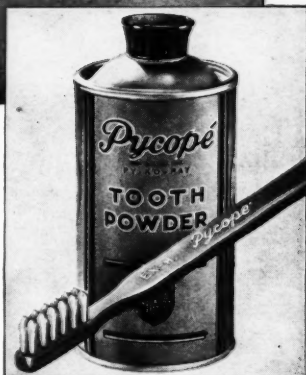
Just as the M.D.'s prescriptions for home-care are a constant reminder of the service *he* gives, so *your* prescription of PYCOPE Tooth Powder and Brush can be of twice-daily service to *your* patients. Ethical products, never publicly advertised, they represent your special knowledge... symbolize a sincere concern for your patients' well-being.

It's Good Practice To Prescribe

PYCOPE

PY-KO-PAY

TOOTH POWDER & TOOTH BRUSHES



PYCOPE "Council Accepted" TOOTH POWDER can't mat a brush... is immediately soluble... contains no glycerine, grit, acid, soap... no sodium perborate.

PYCOPE BRUSHES have small heads, rigid handles... scientifically spaced bristles, wedge-cut tufts... a two-month guarantee. Educational folder included.
PYCOPE, Inc., 2 High St., Jersey City, N.J.

INSTRUCTIONS
FOR
HOME CARE
AFTER EXTRACTION

FREE supply
of folders, de-
scribed below,
will be sent on
request.

At the request of a number of leading members of the profession we have prepared the folder above for distribution to patients. In accordance with the best opinion available, it touches on these phases of home care after extraction: Mouth Rinses, Bleeding, Prevention of Swelling, Diet, Elimination, Relief of Pain. Long used effectively as a quick-acting anodyne in cases of Pericementitis, Gum Inflammation, Root Canal Therapy, and Erupting Third Molar, the use of Poloris Dental Poultrice for relief of Pain After Extraction has become one of its most valued applications.

For FREE SUPPLY of this ethically advertised practice building product send your card or letterhead to Poloris Company, Inc., 12 High Street, Jersey City, N. J.

for qu

Pain af



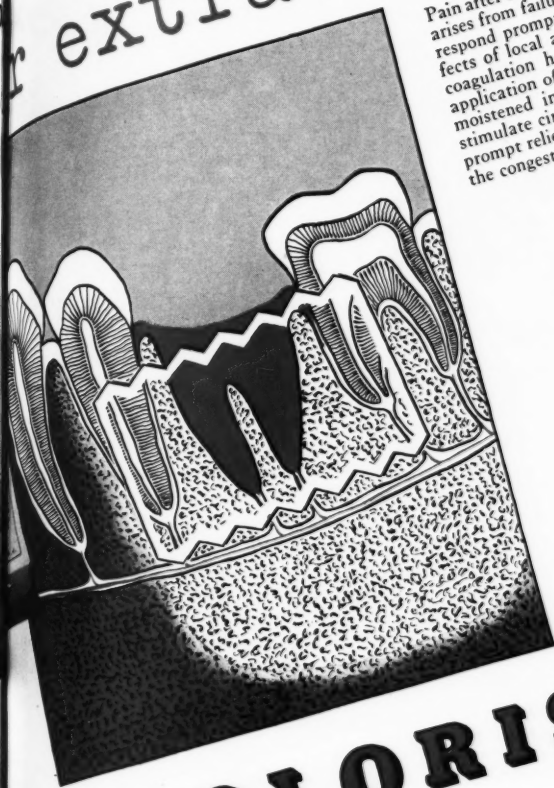
rescri

DEN

allaying

after extraction

Pain after extraction frequently arises from failure of patient to respond promptly from the effects of local anesthesia. After coagulation has occurred, the application of Poloris Poultice, moistened in cold water, will stimulate circulation and bring prompt relief of pain caused by the congestion.



Prescribe **POLORIS**

DENTAL POULTICES FOR PROMPT PAIN RELIEF



KOLYNOS DENTAL CREAM is specially recommended for use on a *dry* brush. The advantages of using a dry brush are two-fold; the stiffer bristles make possible a more efficient removal of food debris, and the cream, when undiluted by the addition of water, intensifies the cleansing action. Normal salivation is sufficient to convert Kolynos into a creamy foam that cleans and polishes the teeth without harmful abrasions.

Have you tried Kolynos using this dry brush technique? We believe you will find it a pleasant and efficient aid in cleansing the teeth.

Samples for your personal and professional use will be gladly sent upon request.

THE KOLYNOS COMPANY • NEW HAVEN, CONNECTICUT

POST-EXTRACTION PAIN

TO RELIEVE the pain following extraction, the application of heat is usually most effective.

An application of Antiphlogistine, applied over the cheek, will retain its heat for many hours, while its medication is a further aid in hastening the reparative process.

ANTIPHLOGISTINE

THE DENVER CHEMICAL MFG. COMPANY

163 VARICK STREET NEW YORK



Have YOU tried the new

DR. BUTLER

Artificial BRISTLE BRUSH?

This new artificial bristle made by DuPont in the U.S.A. is finding favor with thousands of dentists.

Why not make your own comparison (if you have not already done so). Send 40c in coin or stamps for one artificial and one natural brush and compare the two.

MAIL COUPON TODAY!

JOHN O. BUTLER CO.
7359 Cottage Grove Ave., Chicago, Ill.

OH 6-41

I enclose 40c for two brushes:

ARTIFICIAL

- ☐ Med. Bleached
- ☐ Hard Bleached
- ☐ Extra Hard Bleached
- (Artificial comes in bleached bristle only).

NATURAL

- ☐ Medium Bleached
- ☐ Hard Bleached
- ☐ Extra Hard Bleached
- ☐ Hard Unbleached Bronze
- ☐ Extra Hard Unbl. Bronze
- ☐ Hard Unbleached Black
- ☐ Extra Hard Unbl. Black

Dr.
Address
City & State

I've used
STERODENT
cleanser for
16 years



Since 1925 the superlative cleansing qualities of **STERODENT** have kept constant pace with the progress of modern dentistry. You'll like this "tried and true" product!

**For better results
in less time use
2-STEP TECHNIQUE**

FIRST strip teeth of mucin with OraClenz Coagulent.

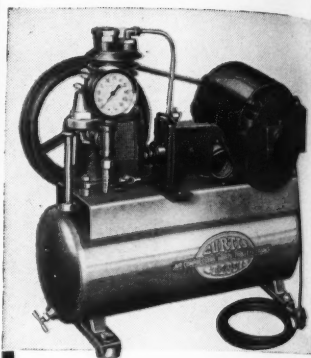
SECOND Sterodent's efficient cleansing agent then does its good work much faster.

RESULT pearly luster in less time . . . teeth that reflect a superior prophylaxis . . . a walking advertisement any dentist would be proud of!

Order **STERODENT** today

Included at no cost will be sufficient OraClenz Coagulent tablets to make a mouthwash for your two-step technique, or for other mouthwash purposes.

STERILE PRODUCTS CO., INC.
SAN DIEGO, CALIFORNIA



CURTIS **Dental Pumps** *Operate Quietly, Efficiently, at Low Cost*

Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 86 years of successful engineering experience and are precision built in every detail.

You'll find a Curtis Dental Pump extremely quiet in operation, highly efficient and thoroughly dependable. It provides clean, pure air at all times and operating costs are extremely low. It occupies small space, starting and stopping are completely automatic and requires no attention except occasional filling of oil reservoir. Uses a tasteless, odorless, colorless lubricant.

Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

CURTIS PNEUMATIC MACHINERY CO.
Division of Curtis Manufacturing Co.
1933 Kienlen Ave. St. Louis, Mo.

CURTIS



*..some points
To remember*

about INTERCHANGEABLE
MORSE SCALERS

Always a Sharp Instrument . . .

A new, sharp scaler can be inserted in the chuck type handle as quickly and easily as replacing a bur in a handpiece.



More Economical in Use . . .

Replacement involves only a new point, at one-fifth the price of a good long-handled scaler; cheaper than re-sharpening a conventional instrument.



Complete Range of Types . . .

The eight types of Morse Scalers meet virtually every requirement of scaling technic—especially as the popular hook types, Nos. 0, 1, and 2, may be bent cold to any desired angle.



Choice of Two Handle Sizes . . .

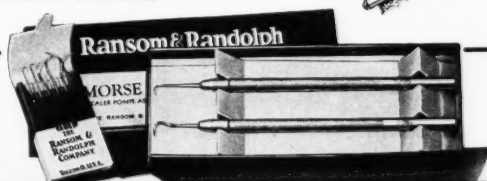
One diameter or the other is sure to meet individual preference as to weight and "balance". Both are heavily chrome-plated—non-rusting and non-tarnishing, inside and out.



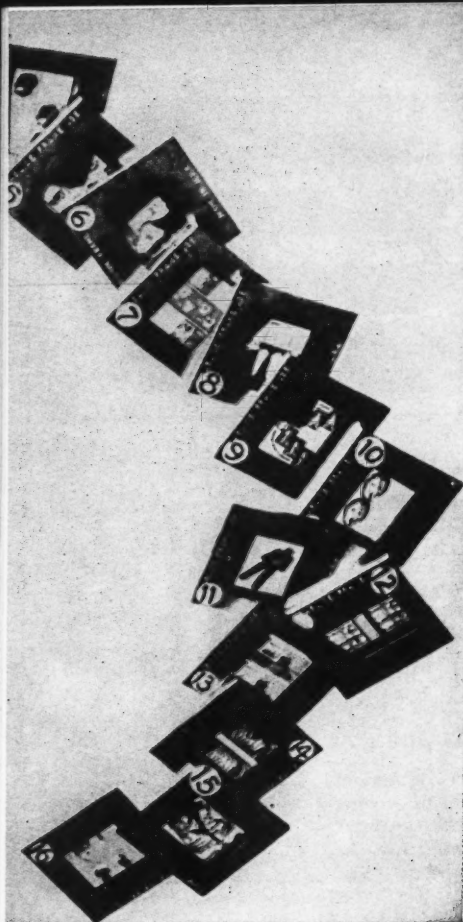
MORSE OUTFIT

8 scalers—1 of each type; and 2 chuck handles, either size

Complete \$4.25



THE RANSOM & RANDOLPH CO., TOLEDO, OHIO



The following Charts are available
as Slides:

1. How the Loss of Teeth Affects the Face
2. The Action of Local Anesthesia
3. What Does the X-Ray Show?
4. Irregularities of the Teeth
5. "One Rotten Apple Can Spoil a Bushel"
6. The Danger from the Impacted Tooth
7. The Progress of Tooth Decay
8. Insulation
9. Pyorrhea Treated or Neglected
10. The Collapsed Face
11. The Circulation of the Blood
12. The Requirements of a Correct Restoration
13. "Things Are Not Always What They Seem . . ."
14. Why Construct a Bridge?
15. Dental Conditions
16. "A Little Neglect May Breed Mischief . . ."

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QUESTION

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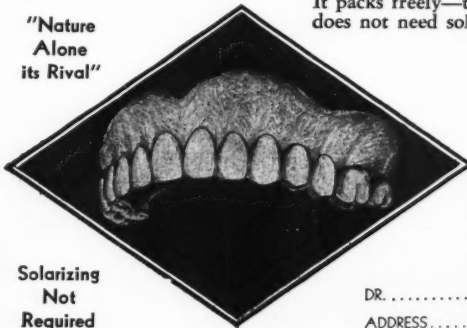
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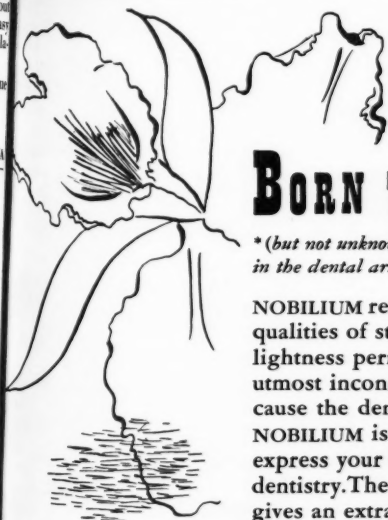
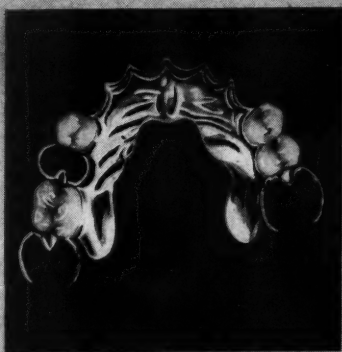
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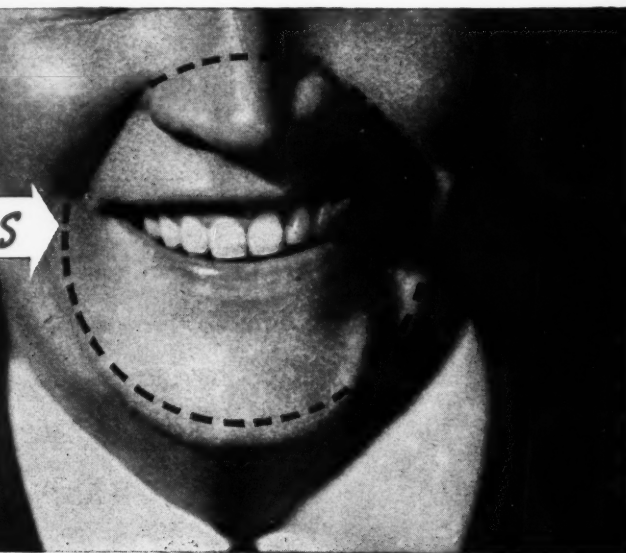
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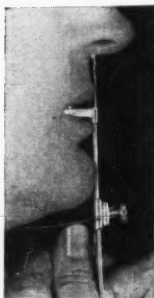
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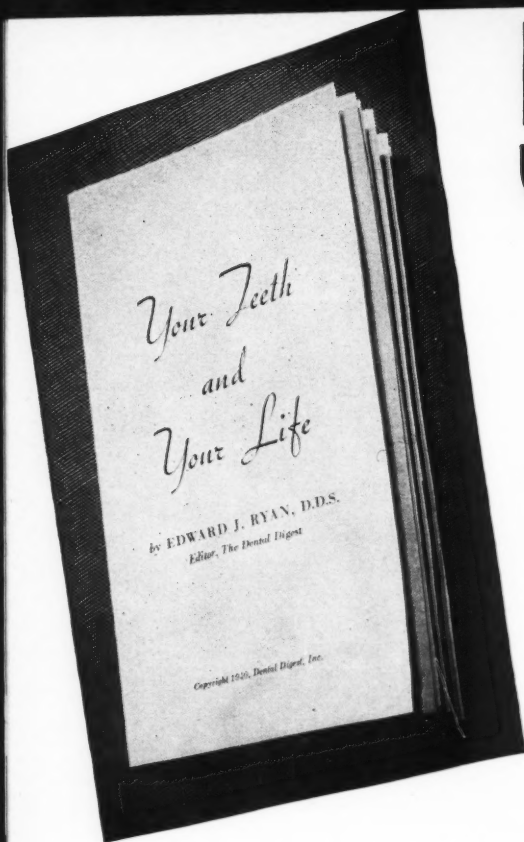
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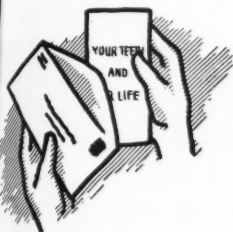
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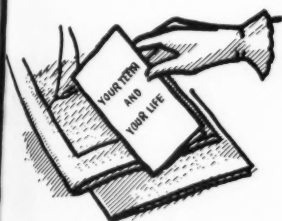
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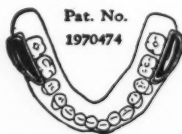
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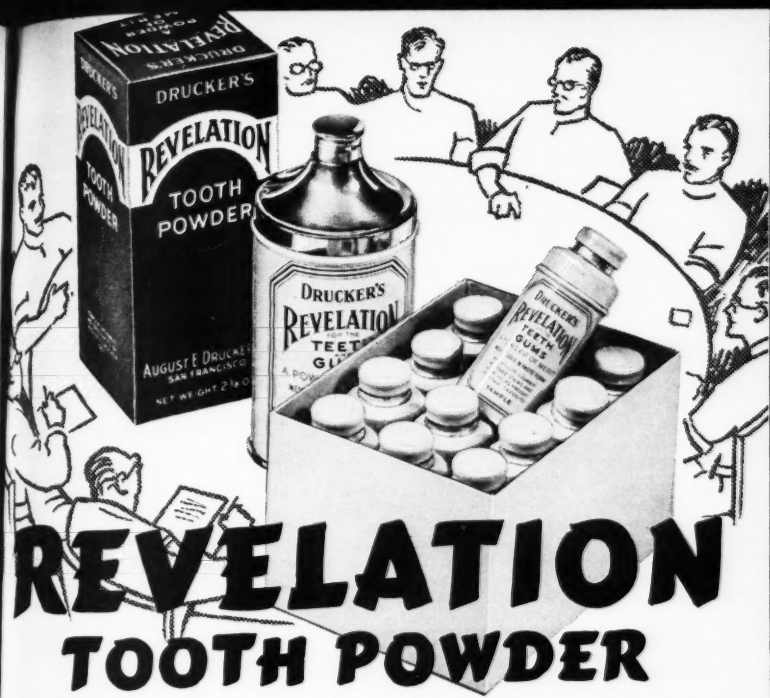
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WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

Abbott Laboratories	816
Aderer, Inc., Julius	790-1
Alkaloi Company	852
American Cabinet Co.	812
American Can Company	730
American Chiclet Co. (Dentyne Gum) ..	849
Anacin Company	848
Angelica Jacket Co.	802
Antidolor Mfg. Co., Inc.	720-1
Atlantic Rubber Mfg. Corp.	838
Baker & Company	Insert
Baldor Electric Co.	844
BiSoDol Company	835
Bosworth Co., Harry J.	777
Bristol-Myers Company 719, 726, 4th cover	
Buffalo Dental Mfg. Co.	776
Butler Co., Dr. John O.	831
Campho-Phenique Co.	784
Castle Co., Wilmot	850
Caulk Co., The L. D.	843
Cedar Point-on-Lake Erie	798
Central Dental Mfg. Co.	806
Church & Dwight Co., Inc.	796
Clark Cleveland, Inc.	818-819
Clark Hotel	826
Cleveland Dental Mfg. Co.	2nd cover
Columbia Dentoform Corp.	824
Columbus Dental Mfg. Co.	783
Cook Laboratories, Inc.	720-1
Co-Oral-Itte Dental Mfg. Co.	838
Corega Chemical Co.	795
Cosmos Dental Products, Inc.	814-815
Cratex Mfg. Company	844
Crescent Dental Mfg. Co.	798, 802-3, 804
Curtis Pneumatic Machinery Co.	832
Dee & Co., Thomas J.	788
Dental Absorbents Co.	794
Dental Digest, The	834, 846-847
Dental Perfection Co.	808
Dentists' Supply Co., The	724-5, 856
Dentyne Gum (American Chiclet Co.) ..	849
Denver Chemical Mfg. Co.	831
Dewey School of Orthodontia	838
Doherty Rubber Works, Eugene	820
Drucker Co., August E.	851
DuPont de Nemours & Co., Inc., E. I. (Plastics Dept.)	774-5
Fink-Roselieve Co., Inc.	780
Fischer & Company, H. G.	825
Florida Citrus Commission	805
Forhan Company	734
Franklin Experiment Lab'y.	850
Glazbrook Bros.	777
Gold & Platinum Metals in Dentistry ..	786-7
Harrison Hotel	826
Hoffmann-LaRoche, Inc.	731
Hudson Products, Inc.	728
Hy-Kare Laboratories	803
Ideal Tooth, Inc.	840-1
Iodent Chemical Co.	773
Iteco Dental Mfg. Co.	781

Jelenko & Co., Inc., J. F.	774
Johnson & Johnson	774
Justi & Son, Inc., H. D.	774

Karpex Mfg. Co.	774
Kerr Dental Mfg. Co.	774
Kolynos Company	774
Konformax Labys., Inc.	774

Lactona, Inc.	774
Lavoris Company	774
Luxene, Inc.	774

Manhattan Mfg. Co.	774
Masel Co., Isaac	774
McKesson Appliance Co.	774
Medicone Company	774
Minimax Company	774
Mizzy, Inc.	774

National Biscuit Company	774
Ney Company, J. M.	774
Nobilium Products, Inc.	774
Num Specialty Company	774

Oradent Chemical Company	774
--------------------------------	-----

Parisien Chemical Co., Inc.	774
Pelton & Crane Company	774
Pepsodent Company	774
Pfingst, A.	774
Philco Radio & Television Corp.	774
Phillips Chemical Co., Chas. E.	774
Polident	774
Poloris Company	774
Prophylactic Brush Co.	774
Pycopé, Inc.	774

Ransom & Randolph Co.	774
Ritter Dental Mfg. Co., Inc.	774
Rorer, Inc., Wm. H.	774
Royal Metal Mfg. Co.	774

Schering & Glatz, Inc.	774
Schneider, M. W.	774
Sharp & Dohme	774
Silvodont Company	774
Smith & Son Mfg. Co., Lee S.	774
Specialty Products Co.	774
Spyco Smelting & Refining Co., 2nd cover	
Squibb & Sons, E. R.	774
Sterile Products Co.	774
Stim-U-Dents, Inc.	774
Superior Dental & Surgical Mfg. Co., 2nd cover	

Takamine Corp.	774
Torrit Mfg. Co.	774

United Drug Co.	774
Universal Dental Co.	774

Vernon-Benshoff Co.	774
Vibro-Dental Products, Inc.	774

Web Distributing Co.	774
Wernet Dental Mfg. Co.	774
White Dental Mfg. Co., The S. S.	774
Williams Gold Refining Co.	774
Wilmot Castle Co.	774
Winthrop Chemical Co., Inc.	774
Wiseman Bros.	774
Wyeth & Bro., Inc., John	774

Young Dental Mfg. Co.	774
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JELENKO Adaptol

TRADE MARK

*Every Impression
a Perfect Impression*



The Jelenko
"ADAPTOL—6"
Package. The
Economical Way
to Buy "ADAPTOL"
6 Tubes — \$3.50

YOU just can't make anything but a perfect impression with Jelenko "Adaptol!" You don't have to hurry!

"Adaptol" moulds at mouth temperature—and stays mouldable in the mouth until you complete the impression. THEN YOU SET IT by chilling with cold water.

"Adaptol" is self-moulding in the mouth. Adapts itself to every detail without pressure. Hence, it will not over-extend or displace tissue.

TRY "ADAPTOL!" Order an "Adaptol—6" Package! Use it! If not fully satisfied, return what's left for full credit.

Send me through my dealer,

Dealer's Name _____

- ☐ Pkg. "ADAPTOL" (6 tubes per pkg.).
☐ Tubes "DENTURTEST."
☐ Tubes "SPOTEX."

If not satisfied I understand I may return material after thorough trial for full credit.

Dr. _____
 Street _____
 City & State _____

"Denturtest" Every Case for impingements etc. before they can cause denture trouble. Per Tube \$2.00
 Also try "Spotex" Marking & Tracing Medium. Won't run. Per Tube \$1.75

J. F. JELENKO & CO., INC.
 136 W. 52nd St. New York, U.S.A.



*"I never thought
I'd enjoy eating
with artificial teeth,
but I do!"*

Doctor . . . what greater
compliment could be paid
your prosthetic skill,
or the teeth you use?

TRUBYTE NEW HUE 20 POSTERIOR

(Were used ...



THE DENTISTS' SUPPLY COMPANY OF NEW YORK

Now KONFORMAX REBASE with REBASE ACCELERATOR

Konformax Rebase has proven its value to the dental profession as a slow setting impression material for rebasing purposes.

An accelerator is now available for producing any desired setting time, from one hour down to five minutes.

The addition of Accelerator to Konformax Rebase makes this combination a very valuable aid in the taking of original impressions in base plates or modeling compounds.



This new Combination Package contains six tubes of Konformax Rebase and one tube of Rebase Accelerator.

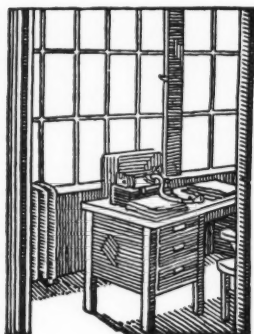
Each tube of Konformax Rebase and Rebase Accelerator is packed in an individual, sealed carton.

Price of Combination Package is \$4.00

ORDER THROUGH YOUR DENTAL SUPPLY HOUSE.

KONFORMAX LABORATORIES, INC. BROOKLYN, N. Y., U. S. A.





The Publisher's **CORNER**

No. 241

By Mass

QUOTE AND UNQUOTE

Month before last, this department confessed that a research organization had discovered that only about 16,000 of the 66,000 dentists receiving ORAL HYGIENE ever turn to the CORNER. Well, that brought some encouraging letters from several of the 16,000. Last month, one was quoted—a letter from a Delaware dentist.

Not long after June O. H. hit the street, Dr. F. G. Robeson of River Forest, Illinois, wrote to admit having turned first to these pages for the last 16 years—and to take issue with this nook's Delaware chum, who had dealt with the

danger of getting careless as a result of finding dentistry a bore, after the monotony of doing pretty much the same things day after day. Let's quote and unquote Doctor Robeson:

"I always welcome the dawn of a new day in my office. As to it being a bore—far from it! Every extraction, filling, denture, bridge, X-ray, is—to me—a new problem, filled with interest. I study each to see if I can't do it better than I did it before, or better than the other fellow. Before I know it, the day is done, and I've made a new friend.

"Of course I can't please them all (who could?) but I do get a kick out of it. To be able to relieve pain, or to restore a face to a thing of beauty is nothing short of divine.

"As to our importance, did not Doctor Osler once say that the next contribution to human health must come from the dental profession?

"To read that 'in general, it takes so little knowledge'—Lord, surely no dentist wrote that! Even a blade of grass is, to me, a mystery. To see a mouth, with 32 teeth, with nerves, and blood, and lymph supply surrounded by millions of peridental membrane fibers attached to alveolar bone, the gateway to a living human body, created by the Creator of all life—and to try to restore it to health and functional activity is 'easy' and a 'bore'!

"What about these M.D.'s who boast that they can remove an appendix in seven minutes—for \$150. I would like to see them tackle a few of the teeth I have extracted, or try to stabilize a 'floating' lower. It

(Continued on page 862)



CAN A SYMPHONY ORCHESTRA
USE AN INSTRUMENT OF THIS TYPE?
CAN DENTISTRY USE A
SUBSTITUTE FOR
QUALITY?

NO!

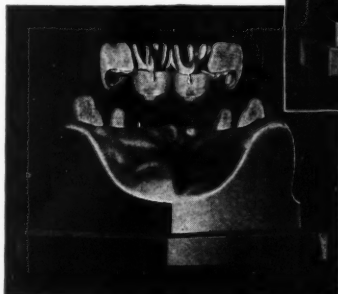
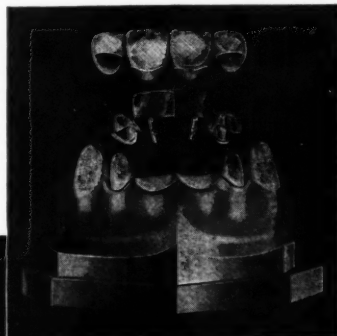
Why sacrifice **QUALITY** in restorations when the best is so easily available? Bridgework is never superior to the basic material and technic employed in construction.

The Dental Profession recognizes the TruPontic as today's **QUALITY** bridge tooth. Examine it! With its inherent high quality, Doctor, it offers you these advantages:

Its tested porcelain is of sufficient strength to withstand all functional stress and strain.

It is accurately engineered for precise interchangeability and is easily replaced.

The patient will find this type of tooth completely comfortable and you are giving your patient bridge-work based on the sound hygienic principle of clean glazed porcelain in contact with tissue.



Full information on the proper adaptation technic of this tissue contact tooth is available at your request.

The
**COLUMBUS DENTAL
MANUFACTURING
COMPANY**
COLUMBUS, OHIO
U. S. A.

★ ★ ★ ★ ★
 ★ *Fill your* ★
 ★ *daily needs* ★
 ★ *with* ★

★ **POPULAR** ★
 ★ **S.S.WHITE** ★
 ★ **PRODUCTS** ★

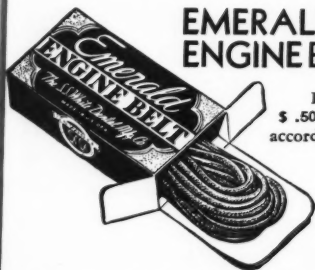
★ Their outstanding merits contribute effectively to better dentistry and make your daily tasks easier. ★



★ FOR SALE BY YOUR LOCAL DEALER ★

(Prices subject to change without notice)

★ **THE S.S.WHITE DENTAL MFG. CO.** ★
 ★ **PHILADELPHIA, PA.** ★



**EMERALD
ENGINE BELTS**

Price:
\$.50 to \$.85,
according to size.

Efficient, smooth, vibrationless running over pulleys, make Emerald Belts the most economical buy. Made in one piece without splice, from rough, selected yarns, they often give more than a year of continuous service on electric engines.

**"SYN-CHAR" DENTAL
SOLDERING BLOCK**

A new and ideal block for remelting precious metals.

The "Syn-Char" Soldering Block has all the advantages and reduces materially the disadvantages of a charcoal block. Its high resistance to heat gives it a much longer life. While advisable to do so, it is not necessary to box—in a "Syn-Char" Block with plaster as must be done with a charcoal block.

Approximate size of block— $2\frac{3}{4}" \times 4\frac{3}{8}" \times 1\frac{1}{4}"$

Price \$.85



**S. S. WHITE
EQUIPMENT POLISH**
It cleans as it polishes!

A double duty, high grade polish in liquid form—combines cleaning and polishing in one simple operation.

It's easy to use and does not leave an oily film on equipment. Can also be used on all lacquer, enamel, and varnished surfaces.

Supplied in screw cap cans



3 oz. \$.30
 16 oz. \$.75
 32 oz. \$1.25



**S. S. WHITE
CAST LACQUER**
QUICK DRYING

For clean surfaces on the tissue side of vulcanite dentures. Merely paint it on the cast. Dries in a few seconds—no waiting. Makes unflasking easy.

4 oz. bottle with brush \$.70

16 oz. can and empty dispensing bottle and brush \$1.25

S. S. W

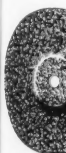
A high inter-
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 Orthodontic
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TEMPO

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 Supplied in
 all white, al



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S. S. WHITE BLOWPIPE



No. 8

GAS-AIR

A high intensity blowpipe that operates efficiently with coal gas (manufactured), natural gas, propane, "Pyrofax," or other petroleum gases, and most combinations of these gases.

No. 8 Blowpipe with Small Tip (radial grid), for soldering and most casting operations, and 3 Carburizers \$6.00

Large Tip (radial grid), for melting large quantities of each \$2.50

Orthodontic Tip for orthodontic and other small soldering \$1.00

S. S. WHITE HANDPIECE EASE

A free-flowing grease made especially for handpiece, angles, engines, lathes, engine arms, and other precision machinery.

Will not gum or rust, and is absolutely free of odor. It's clean, easy to use, and has no waste; a little goes a long way.

Supplied in handy dispensing tubes with special nozzle that fits oil holes in handpieces and angles.

25c per tube



S. S. WHITE TEMPORARY STOPPING

A positive seal of gutta-percha that keeps medications in and bacteria out.

Supplied in one-ounce boxes of 10 sticks, either all white, all pink, or all tooth-tint. Also one-ounce boxes assorted, containing 5 white, 2 pink and 3 tooth-tint sticks.

1 oz. box \$.50

6—1 oz. boxes \$2.40

5 oz. vial (50 sticks) \$2.00

Single colors or assorted

S. S. WHITE COPPER AMALGAM

A True submarine filling

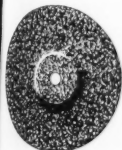
Especially indicated for filling deciduous teeth, where moisture is difficult to control, and where a good germicidal agent is desired.

Requires little or no excavating; can be inserted quickly. May be used under the margins of bleeding gums; can be used for filling root canals, for filling permanent teeth where color is not objectionable, and for models and dies for direct inlays.

1 oz. box \$.65 5—1 oz. boxes—per oz. \$.60

S. S. WHITE SEPARATING DISKS

(GREEN)



100 for \$1.00

Sizes:

$\frac{5}{8}$ in., $\frac{3}{4}$ in., $\frac{7}{8}$ in.

Made double cutting and "safe side" in Plain, Depressed Hub, Solid Hub, and Cup shape disks.

S. S. WHITE STERILIZER TABLETS

Protect your steel instruments

Merely drop two of these tablets into your sterilizer for each quart of water every time the water is changed. Your instruments will come from the sterilizer free of stain, corrosion, or rust, provided they were not rusted before boiling.

Caution: Not for use in aluminum sterilizers, or for boiling of aluminum instruments or handles.

100 in bottle \$.75

500 in bottle \$3.25



(Continued from page 858)
sometimes requires more than 'so
little knowledge.'"

* * *

And, oh happy day, Dr. R. C. McLean writes from out in Astoria, Oregon, "Just a note to let you know that you can put me down as No. 16,001, as a constant reader of the CORNER." But, he warns, "Don't start changing things around. I read ORAL HYGIENE from cover-to-cover, ads included, and the CORNER makes a pretty good starting place."

* * *

Another sympathetic soul, Dr. Arthur T. White of Pasadena, writes that he reads the department "every month—almost—poor as it may be at times. I began reading ORAL HYGIENE when Ed Hunt began editing it; I read it when McGee was at the helm; so I guess I can stand you for a while. Be not downhearted! Even Ryan is not on his toes in every issue . . . I like your darned magazine . . ."

Later, Arthur sent a warm-hearted little verse of his which ORAL HYGIENE's first editor, George Edwin Hunt, had published 33 years ago, before ORAL HYGIENE was born, in *Delta Sigma Delta Desmos*:

A look, a smile, a warm hand-clasp,
As we pass in the busy throng,
But we wend our way with a gladder heart
And we sing a gladder song.
For we stand not alone, however we think,
Our need of our friends is so strong

That heart greets heart, thro' eye and hand
As we speed, each the other, along.

Come next March, Arthur White will have been in practice for a full half-century; he'd been at it about 20 years when the first O. H. appeared.

And that reminds me that the CORNER (which seems to be talking about itself so much today) forgot last month to celebrate an anniversary of its own, its twentieth.

* * *

"The trout are biting in Minnesota—have you ever been out here?" is the tempting last sentence in a letter from Dr. L. V. Peterson, who writes from the town of Mabel, in that beautiful state. He says that he had just spent "another fine evening with ORAL HYGIENE," and that he was "terribly surprised to read the CORNER complaint," because for many years he has turned first to this department.

* * *

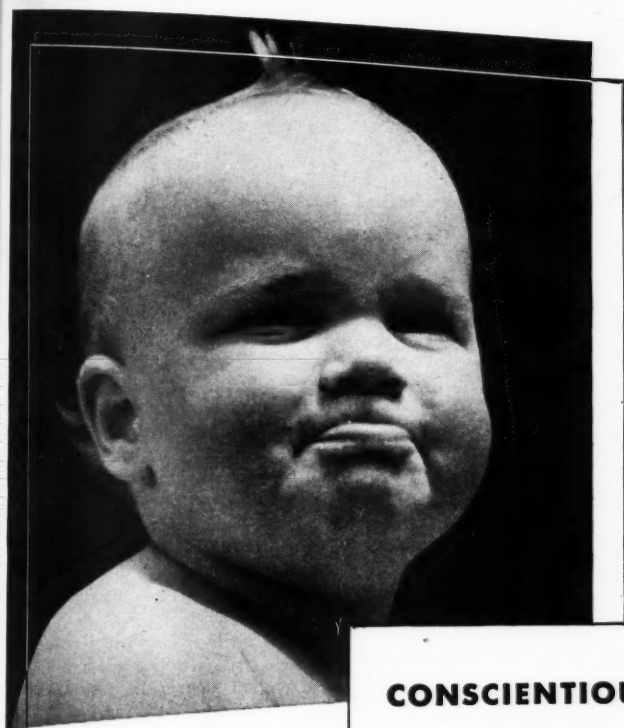
And the single sentence from Helen Webster out in San Francisco lit things up around here all day long: "I like the CORNER, and the things you say there have made many of us feel that we are your friends and you are ours."

* * *

Have copies of these letters been sent to the research organization? You guessed it! Is papa feeling better? You guessed it!



LITTLE PAT
they eag
Col-C-Tos
most finick
milkshake.
and D, C
as well as
containers.



CONSCIENTIOUS OBJECTOR

LITTLE PATIENTS do object, sometimes rather vigorously, to any suggestion of medication but they eagerly accept the delicious 5-vitamin nutritive tonic, Cal-C-Tose. Added to milk, Cal-C-Tose makes a rich, appetizing, chocolate-flavored drink that tickles the palate of the most finicky child. It is delicious served either as a "hot chocolate" or as a cold, refreshing milkshake. In addition to its full protective complement of the essential vitamins A, B₁, B₂, C, and D, Cal-C-Tose also contains skimmed milk protein, dibasic calcium phosphate, as well as other valuable minerals. Cal-C-Tose is packaged in 12-ounce and 5-pound containers. HOFFMANN-LA ROCHE, INC. • ROCHE PARK • NUTLEY, NEW JERSEY

Build For

INCREASING



Her Trubyte New Hue restoration represents the latest development in dental science and ceramic art.

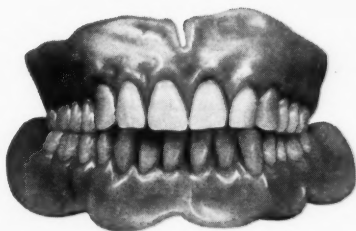
FOR DENTURES WITH PERSONAL

THE DENTISTS' SUPPLY COMP.

PROSTHETIC SUCCESS

CREATE dentures your patients are proud to wear. Trubyte New Hue Teeth have every essential necessary for the duplication of attractive, healthy natural teeth—shades that truly match natural tooth shades—moulds that follow nature's plan for harmony of tooth and face form—translucent, fluorescent porcelain.

TRUBYTE NEW HUE TEETH



A denture the patient is proud to wear—A Tribute to Prosthetic Skill and Trubyte New Hue Teeth.

TRUBYTE NEW HUE TEETH
PLY COMPANY OF NEW YORK



Q. I've noticed that some cans are golden-colored on the inside. Why is that?

A. You've probably noticed that kind of lining on cans for colored products. It's put there to protect their quality principally from a color standpoint. You'll also notice it on certain vegetables and meats. For other products, a plain tin lining is entirely suitable. The lining of the can is adjusted to the needs of the individual food. These can linings are special inert enamels baked onto the tin plate at high temperatures. ⁽¹⁾

⁽¹⁾ 1941. Canner 92, No. 12, Pt. 2, pages 78-81. 1936 Canner 82, No. 11, Pt. 2, pages 104-105.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

NEED A GOOD ELIMINANT?

here's *Liquid Bulk*

— SAL HEPATICA Plus Water Gentle and Efficient

The need for gentle but effective laxation often presents itself in dentistry. The smooth *liquid bulk* furnished by Sal Hepatica plus water blandly stimulates peristalsis and flushes the intestines. This method of elimination helps rid the bowels of accumulating waste and also serves to supply the necessary bulk.

Send for
trial package now

Sal Hepatica also acts as a cholaretic and cholagogue and efficiently combats high acid levels in the stomach. Try Sal Hepatica.



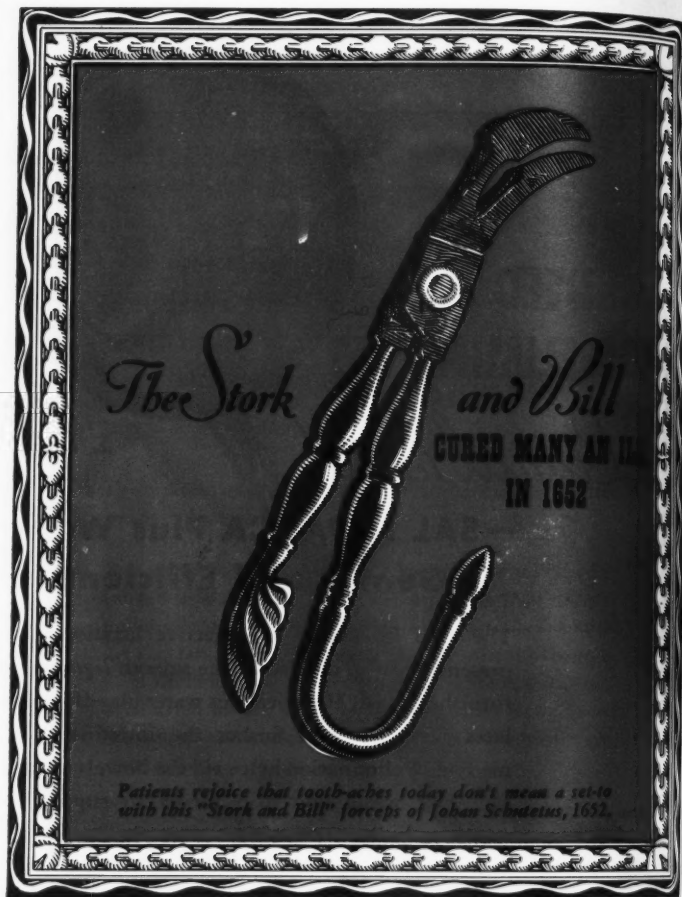
Flushes the Intestinal Tract . . .

BRISTOL-MYERS COMPANY

19 E. West 50th Street

New York, N. Y.

When patient goes on soft or liquid diet — while you treat oral foci of infection — whenever a good aperient is needed to help rid the body of harmful waste.



*But...do your patients Use **OBSOLETE** Denture Cleansers?*

As obsolete as the "Stork and Bill," are out-of-date methods of denture-cleaning — brushing, abrasives, acids. Recommend **POLIDENT**. It dissolves mucin, tarnish, food-debris — leaves dentures fresh, sparkling.
FREE SUPPLY! Hudson Products, Inc., 220 W. 19th St., New York, N. Y.

POLIDENT

A MODERN No-brush Cleanser



**UNDISTURBED
RESIDUES**

Carious
inroads

**invite
caries
formation!**

PERHAPS nothing offends the dentist's professional sensitivities more than a mouthful of otherwise strong and well-formed teeth—ravaged by caries, through sheer negligence.

When brush-cleansing seems inadequate, or is chronically neglected (or impractical because of illness), the vigorous chewing of a non-nutritive bolus can help materially to prevent and arrest caries. By direct scrubbing, the vigorously chewed bolus disturbs surface residues; and the increased salivation helps flush the teeth clean, and lessens the harmful acidity of the mucinous plaques.

Dentyne Gum proves a particularly desirable masticatory and sialogogue because of its unusual resilience and frictional efficiency. Its intriguingly spicy flavor encourages regular use.

May we send you a supply of samples for office distribution?



DENTYNE
**CHEWING
GUM**

THE IDEAL MASTICATORY

American Chicle Company
Dept. O-7, Long Island City, New York

Gentlemen: Please send me free a supply of samples of Dentyne Gum.

FREE

Use coupon
for a liberal
office supply of
Dentyne samples

Dr. _____

Address _____

City _____ State _____

CALOX *Effectively*

BRINGS OUT NATURAL LUSTRE

CALOX
REG. U.S. PAT. OFF.

TOOTH POWDER
An Effective Pleasant
FAMILY SIZE • C
McKesson

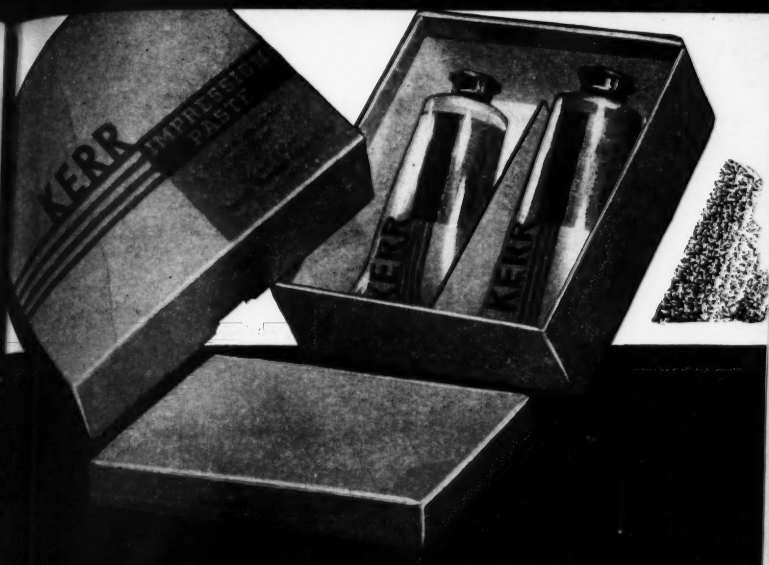
The bland, uniform, finely powdered components of CALOX Tooth Powder surge into action—cleaning—dislodging food particles—polishing. Mildly abrasive, the five cleansing agents help remove accumulations from occlusal fossae and lingual surfaces. Its pleasing flavor leaves the mouth feeling clean and refreshed—promotes excellent patient co-operation.

CALOX is scientifically prepared to help bring out the *natural lustre* of the teeth . . . no therapeutic or curative claims are made for it. It is harmless to the gums and tooth structure of child or adult. This is one of the reasons why many Dentists are now using CALOX themselves and recommending it to their patients for home routine use.

Made by McKesson & Robbins, Inc.

BRIDGEPORT, CONNECTICUT

Who Have Served the Public Health Since 1833



It's Easy - It's Quick

Time can often be saved by completing your final impression with Kerr Impression Paste.

Technic is simple. Setting time is short. You can check every step. Results are positive and satisfactory.

Dentures needing rebasing may be lined with Kerr Impression Paste and worn for several days.

Package includes a tube each of base material and accelerator, a highly efficient mixing pad of cellophane-surfaced sheets and detailed directions.

Get full benefit of this modern aid by the world's leading producer of prosthetic materials.

KERR DENTAL MFG. CO. • DETROIT

Established 1891

KERR

REG. U.S. PAT. OFF.

IMPRESSION PASTE ...

VITALLIUM IN ORAL SURGERY



*The Only True Cobalt-
Chromium Alloy used in
Dentistry and Surgery*



tolerance by tissue its resistance

excessive physical resistance in



tolerance by tissue, its resistance to infection and corroding secretions, and its complete and permanent inertness in contact with living tissue.

It appears entirely practicable to anticipate that the use of Vitalium in mandibular and maxillary fractures will evolve new advancements in oral treatments.

Concurrently with the acceptance of Vitalium in oral surgery and orthopedics, the dental profession at large is prescribing Vitalium for full and partial restorations with increasing frequency because of the advan-

In Dentistry and Surgery, experimental science has revealed the development of many progressive and beneficent uses of Vitalium.

A recent example of the results of scientific research is the successful** treatment of fractures of the maxilla and the mandible with Vitalium screws and plates. Vitalium was used because of its

tageous physical properties originally recognized by far-seeing prosthetists.

**H. C. Berry, *Journal of the American Dental Assn.*, March 1941; Alvin E. Strock, *Bulletin of The Connecticut State Dental Assn.*, November 1940; P. Philip Gross, *The Dental Digest*, November 1940; Henry M. Bigelow, *The Medical Bulletin of the Veterans' Administration*, July 1940; H. C. Berry, *Journal of the Arkansas State Dental Assn.*, June 1939.

AUSTENAL
LABORATORIES, INC.
NEW YORK • CHICAGO

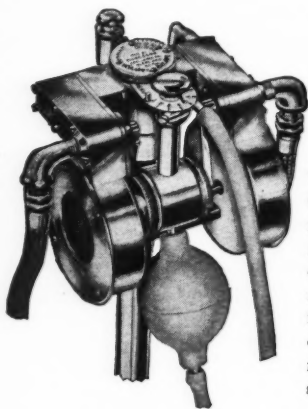
YOU CAN OBTAIN OUTSTANDING SERVICE FROM THE VITALIUM LABORATORY NEAR YOU

For complete, efficient PAIN CONTROL

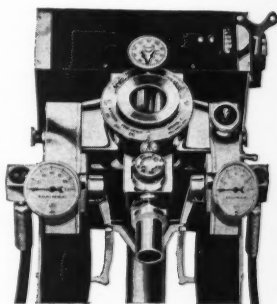
By properly coordinating the functions of anesthesia and analgesia, McKesson equipment has made it easier for the dentist to avail himself of the many advantages of Nitrous Oxide in the control of pain.

THE NARGRAF

The Nargraf, for both anesthesia and analgesia, is designed to provide the operator with maximum control of his patient and maximum operating efficiency. The intermittent flow principle, which coordinates the flow of gas with the patient's respiration, the *single valve* dosage control and the immediate oxygen release are a few of the features that result in the Nargraf's greater efficiency.



The Easor for patient-controlled Analgesia



The Nargraf for both Anesthesia and Analgesia

THE EASOR

The Easor, for analgesia only, has made Nitrous Oxide analgesia a practical, pleasant and efficient method of controlling pain in routine procedures. Analgesia control by the patient hand bulb is doubly safeguarded by the Easor dosage control mechanism, which automatically limits the flow of Nitrous Oxide, and by the instantaneous oxygen-release button. The Easor provides maximum operating efficiency, combined with simplified technique of administration.

We will be glad to send you complete information on either or both of these machines.

McKESSON APPLIANCE COMPANY, TOLEDO, OHIO: Please send without obligation complete information on ☐ Nargraf (for anesthesia and analgesia); on ☐ Easor (for analgesia).

Dr. City

Address State

O.H.7

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